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Māori Teen Mothers: Experiences of Mentoring.  
A thesis presented in partial fulfilment of the requirements for the degree of

Masters  
in  
Social Work

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## **Dedication**

*This thesis is dedicated to my Nana Janie and Koro Pera, my guiding stars.*

*Okiokinga i runga i te rangimarie nana me koro. Aroha nui atu me korua.*

## Abstract

Parenting at any point in life is a demanding and often-difficult task, and for teen mothers these challenges are more intensified as they are simultaneously navigating adolescence. The central understandings and practices surrounding pregnancy and parenting for whānau<sup>1</sup> Māori<sup>2</sup> have changed substantially following the European settlement in Aotearoa<sup>3</sup> New Zealand. This research has explored Māori teen mothers' experiences of mentoring. It was conducted using the fundamentals of Youth development Strategy Aotearoa (YDSA) incorporating philosophical foundations of pūrākau<sup>4</sup>, the Māori centred approach and it is underpinned by the qualitative method.

This research gathered experiences and pūrākau from six Māori teen mothers in relation to their journey through pregnancy, parenting, and mentoring ending with their future goals and aspirations. A handful of key findings have been identified, that align with previously conducted studies and literature in this field, such as, the mental health issues that contribute to the challenges Māori teen mothers face, along with the continued stigma and judgment often associated with teen parenting, as well as the roles these mothers play in the community and in their whānau, what is more how they support them as teen parents and in their tamariki<sup>5</sup>.

The main conclusions and recommendations drawn from this study call for the necessity for increased support and research within the field of Māori teen mothers and their tamariki paying attention to provide further help and assistance for the development of teen mothers skills and the requirement for better support systems for further research into the benefits of improved mentoring services in the form of a longitudinal study, increased time and spaces to share their experiences and pūrākau, knowledge and backing about where to turn to for support in terms of service development and also to lift the stigma often associated with teen parenting.

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<sup>1</sup> Family, extended family, family group, a familiar term of address to a number of people, the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.

<sup>2</sup> The Indigenous people of Aotearoa New Zealand.

<sup>3</sup> The Māori name for the country of New Zealand. The literal translation of Aotearoa is the 'land of the long white cloud'.

<sup>4</sup> Story

<sup>5</sup> Children

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## **He Pepeha**

*Ka tangi te tītī  
Ka tangi te kākā  
Ka tangi hoki ahau*

*Ki te taha o toku māmā  
Ko Pouerua te maunga  
Ko Matatua te waka  
Ko Owharaiti te roto  
Ko Waitangi te awa  
Ko Ngā Puhi te iwi  
Ngati Hine rāua ko Ngatikawa ngā hapū  
Ko Oromahoe te marae  
Ko Heni Taituha rāua ko Abraham Pera White ōku matua tūpuna*

*Ki te taha o toku papa  
Ko Rangipoua te maunga  
Ko Hourua te waka  
Ko Waioira te awa  
Ko Te Rongomaihuatahi te wharenui  
Ko Te Rauaroa te wharekai  
Ko Te Whānau-ā-Apanui te iwi  
Ko Ngāti Horowai te Whānau-ā-Nuku te hapū  
Ko Manurere Albert rāua ko Maxwell Clarke ōku matua tūpuna*

*Leeona White rāua ko Hamiora Albert tōku mātua*

*Ko Jasmin Marie Albert tōku ingoa*

*Tihei Mauri Ora*



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*My success is not my own, but that of many others*

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My dear Mum, for taking my late-night calls, offering a venting space, a sounding board, reminding me of the importance of self-care, reminding me about who I am and what I have to offer. I am so grateful. Heartfelt thanks to you.

My brothers and sisters Azariah, Starr, Joshua, Cherish and Justis, I hope by completing this and observing the challenging and exciting times that you know about, it motivates you not only to set your goals, to achieve them and to go beyond your own expectations. *Whāia te iti kahurangi ki te tūohu koe me he maunga teitei: Seek the treasure you value most dearly, if you bow your head, let it be to a lofty mountain.*

My dear partner Jordan for always inspiring me to aim higher. Heartfelt thanks to you for your faith in me and for your encouragement! There are not enough words to thank you.

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## Chapter One: Introduction

*Popoia te kākano kia puawai*

*Nurture the seed and it will blossom*

### Introduction

Children are the future of our whānau, hapū<sup>6</sup> iwi<sup>7</sup> and te ao<sup>8</sup>. The birth of a child is customarily celebrated, children were cherished. In Māori tradition the child was a valued member of the Māori world before birth and even before conception (Pihama, 2011; Ware, Breheny, & Forster, 2018).

Within traditional Māori beliefs, children were seen to be inherently competent, capable, complete, and gifted, no matter what their age or ability. Whānau Māori hold the understanding that children descend from lines that extend from the beginning of time to the present, they are important living links between the past, present and future, and they are a reflection of our tīpuna (Marsden, 2003; Ministry of Education, 2017).

This chapter will outline the significance of this research as well as the purpose of this study. It provides a summary of the research objectives that ground this research along with the philosophical underpinnings that have been utilised throughout the planning process and also while conducting the interviews with the participants. Finally, it provides a brief explanation of the thesis structure and a brief overview of each chapter.

### Purpose

Traditionally, the Māori worldview held a positive and encouraging understanding of reproduction and caregiving (Ware et al., 2018). However, with European settlement in Aotearoa along with the introduction of westernised norms surrounding parenting in relation to age, teen mothers' have commonly been viewed as being 'too young' and more at risk to adverse outcomes in later life for themselves and their children according to a high number of research studies (Allen & Clarke, 2019; Woodward, Fergusson, &

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<sup>6</sup> The named divisions of Māori iwi (tribes), hapū have membership determined by genealogical descent; a hapū comprises a number of whānau (extended family) groups

<sup>7</sup> These are the largest social units within Māori society. Iwi means "people" or "nation", and is often translated as "tribe", or "a confederation of tribes".

<sup>8</sup> World

Horwood, 2001). A review of the literature has shown that mentoring can support teen mothers to link in with their community, and identify and achieve their goals while contributing to minimising their isolation and the social stigma they suffer from. Along with the challenges associated with teen parenting, a study conducted by the Families Commission (2011) that offers an overview of teenage pregnancy and parenting, states that young parents often find it difficult to access legal advice, benefits, secure and affordable housing, health services, childcare, employment and education or training opportunities. Furthermore, the research by the Families Commission (2011) explains that the research strongly supports having dedicated services for young parents and offering support via a specific person (caseworker), mentor or network. Waller, Brown, and Whittle (1999) assert that although the role of mentor in social work is noticeable, the field lacks a knowledge base related to the act of mentoring. Based on a review of the social work literature related to mentoring, not only is there a lack of literature on the topic, it is typically based on generalisations from a corporate context. The purpose of this research has been to gain an understanding of Māori teen mothers' experiences of mentoring, acquired through community-based organisations to inform my practice constructed around mentoring Māori teen mothers. This research project set out to look at mentoring from a wide-ranging perspective and to understand how mentoring may assist a teen mother in areas, such as, parenting, self-confidence, feelings of empowerment, educational attainment, social connectedness, as well as other challenges including economic challenges.

### **Research justification**

This research is significant for both mentoring as an intervention and supportive tool while validating the experiences of Māori teen mothers through sharing their pūrākau. Although Aotearoa New Zealand has a high number of mentoring programmes and can unquestionably see the benefit in them, it has only recently provided support for teen parents that has gained traction (Ware et al., 2018). While exploring the mentoring of Māori teen mothers in Aotearoa New Zealand due to the fact that the literature on the topic is limited, since this field has not been studied or examined in depth until more recently. A review

of the research suggests that non-parental relationships are especially valuable during adolescence and contribute positively to the positive development of well-rounded and supported adolescents (Bogat, Liang, & Rigoal-Dahn, 2008; Farruggia, Bullen, Dunphy, Solomon, & Collins, 2010; Ministry of Youth Affairs, 2002; Youthline Charitable Trust, 2009).

Traditionally, the conception of a child was celebrated regardless of the age of the expectant mother. Mokopuna<sup>9</sup> were cherished and nurtured in a communal setting where whānau members were vital to the development of a well-connected and confident child (Herewini, 2018; Jenkins & Harte, 2011). However, with the settlement of the Europeans, the views on pregnancy and parenting changed, these perceptions represent the leading discourse that is typically identified in Aotearoa New Zealand's society. There is a perception of 'being too young' to have children, since the teenage years are perceived to be more 'at risk'. Furthermore, society tends to view early childbearing as having links to poor educational outcomes, lower socio-economic standing, intergenerational poverty and overall hardship (Bogat et al., 2008). Based on a review of the research related to mentoring in Aotearoa New Zealand reveals that mentoring as an intervention tool is a low cost, active social intervention connected with a wide range of beneficial outcomes for young people (Hook, Waaka, & Raumati, 2007). Traditional ways of mentoring, such as, tuākana<sup>10</sup>-tēina<sup>11</sup> mentoring was dominant in Aotearoa New Zealand for not only teen mothers, it is also helpful for everyone within a whānau, hapū, and iwi as a key means of support (Rawiri, 2007). A review of the research findings has revealed that Māori mothers identified that they have had good support from their family and friends with immediate family members as the main source of stability and care. Most younger mothers preferred to go to friends and family for advice and support rather than seeking this assistance from professionals. Additionally, Bogat et al. (2008) found that within non-familial or community-

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<sup>9</sup> Grandchild

<sup>10</sup> Elder brother (of a male), elder sister (of a female), cousin (of the same gender from a more senior branch of the family), prefect.

<sup>11</sup> Younger brothers (of a male), younger sisters (of a female), cousins (of the same gender) of a junior line, junior relatives

based mentoring, older women, selected as mentors, can provide support for a pregnant or parenting adolescent.

This, in turn, can contribute to reducing the stresses associated with parenting through offering emotional support, acting as a role model, along with providing advice around practical parenting, career and educational goals, while also working towards further connecting these Māori teen mothers with their communities. This research study set out to see if this was also the perspective of teen mothers engaged in a variety of mentoring relationships.

### **Personal rationale**

This research topic holds a personal interest for me. Although I am not a teen mother or have any children of my own, I have observed many within my whānau and a group of close friends who have faced many struggles while they were starting a family at a young age.

My interest in this research field evolves from being the eldest of six children, my mum was 19 when I was born and I was six months old at the time my mum and dad separated, which left my mum with sole care of me. My mum's family was very supportive of my mum, and they helped raise me, so I tend to think I was raised by my whole whānau and I am a product of my whānau.

Growing up, we were encouraged to finish school, enter university or employment, whatever made us happy. There was an unspoken expectation that we would have children, settle down and start a family later in life. This was reinforced through getting a signet ring at the age of 16 for the girls and 18 for the boys – with the idea that it was easier for the males to abstain from early parenting compared to females. Not having a child before your 21<sup>st</sup> birthday meant that you would have a large 21<sup>st</sup> birthday party, paid for by your parents, to celebrate your step into adulthood, where you would be presented with a key representing the figurative key to the door, to your adulthood and your freedom. This tradition in my family, was passed down from my mum, aunties, and uncles, to my generation and it will likely carry on for many generations to come.

Although the tradition of abstaining from having children before the age of 21 years old holds importance in our whānau, my younger sister fell pregnant at the age of 15 and at the age of 16 her son was born. Throughout her pregnancy journey, I watched my sister's life change before my eyes, as she left mainstream schooling to enrol in a Teen Parenting Unit close by, her body changing as baby grew and developed, her confidence declining as she attempted to find herself again, becoming withdrawn and isolated from high school friends who had different priorities to hers that consisted of planning for her future and that of her unborn child, so my sister lost many of her high school friends. She navigated many of the hurdles she had to overcome and challenges she faced related to her education, her future goals, maintaining her peer and social groups. She was on the receiving end of stigma and stereotypes from society, she shared stories of catching the bus, being the object of glares on the part of the bus driver and other passengers whispering and glaring at her.

As a whānau, the community also frowned upon us, many people in my social groups questioned me about my sister having become pregnant, commenting that she was too young and that it was a waste of her life. Everyone had an opinion and felt entitled to share it regardless of whether we wanted to hear it or not.

The heartache and disapproval my sister felt, and at the same time our entire whānau, was further intensified by the fact that she was not with the father of her baby, he was not present throughout her pregnancy, labour or parenting. This resulted in my sister having to face many additional hurdles as a single teen mother.

Although at first, my sister's pregnancy was a massive shock for our whānau to process, the arrival of my beautiful nephew who is now eight, was such a blessing to all of us. He entered an often dysfunctional, distant yet always loving whānau, he brought us closer together with his innocence, inquisitiveness, and the pure insight he had regarding his surroundings. Watching him grow up and develop into the wonderful boy he is today has been an amazing experience and observing and communicating with him and seeing his personality blossom has been an honour for all of us. The birth of

my nephew brought our whānau together. His presence has always been treasured, we have always loved spending time with him, bonding with him and growing as a whānau with him.

My sister has grown not only as a mother and also as a woman, she has overcome many difficulties. She had to find herself again and redefine her goals and aspirations. She has put in a lot of hard work to prove to those who questioned her and held negative judgment towards her, to show that she is a wonderful person and a competent and caring mother to her son.

Similarly, some of my cousins and close whānau members have had children before their 21<sup>st</sup> birthday. Although the 'tradition' of reaching your 21<sup>st</sup> wasn't reached, as whānau found out they were pregnant it became something that we celebrated, and we looked forward to bringing new life into our whānau and starting and continuing our future generation. As I look at my whānau members and their children, I stand in awe of them with respect and admiration for what they have achieved. I respect them and the well-adjusted, funny, bubbly, inquisitive children they have nurtured and raised. I believe they have shown they are stronger and more capable than themselves initially thought they were.

On a professional level, I have had the privilege to work alongside many inspirational young people throughout my social work journey. My interest in this area has been sparked by not only by my personal experiences of family members having children at the age of 15 to 18 years old, it is also as a result of previous roles I have had as a youth worker. While working as a youth development worker at based in Central Auckland, I have engaged with young people in groups, in one-on-one mentoring, and also by working alongside mothers between the ages of 16 years to 20 years. Hence my passion and interest in the area of teen parenting. Within this role, supporting a number of mothers and their children to build them up, aligning them with their communities and securing additional support has been both a challenging as well as a rewarding role. Further to my role as a youth development worker, I have worked as a group facilitator for a mentoring programme in Auckland high schools.



At present my role as a teen parenting social worker, allows me to engage face to face with teen mothers between the ages of 19 and younger teen mothers, so I see first-hand both the struggles that some teen mothers have encountered along with the accomplishments they have as they are nurtured by their whānau, communities and extended support networks. This research study has encompassed all of my roles within the Youth and Social Work sector. Since I have undertaken this research it has given me the chance to gain a deeper understanding and it has added substance to my practice as a Social Worker so without a doubt, this has been an exciting and rewarding prospect for me.

Another influencing factor that drew me to this research topic has been the desire to learn more about Te Ao Māori to gain more of an understanding of tikanga, kawa, along with pūrākau and also discovering how I fit into this world. Although I have grown up knowing I was Māori, and have regularly visited our marae from childhood to now, I have always been surrounded by my culture but I have never felt confident enough to embrace the opportunities to learn Te Reo Māori and to further appreciate my own culture. This, in turn, made me feel less 'Māori'. However, embarking on this research has enabled me the chance to take these starting steps into self-discovery.

### **Research objectives**

The objectives of this research are as follows:

1. To explore the experiences of Māori teen mothers in community-based mentoring relationships.
2. To understand the impacts of the mentoring relationship for teen mothers' overall economic, educational and social outcomes.
3. To inform mentoring programme objectives in relation to the Social Work field through the voices of Māori teen mothers.
4. To contribute to literature relating to teen parent mentoring in New Zealand.
5. To gain an understanding of community-based mentoring for teen mothers as an early intervention tool.

## **Research design**

In the broadest clinical sense, adolescence or teenage years refers to the period marking the transition from childhood to adulthood (Jaworska & MacQueen, 2015). Furthermore, according to Jaworska and MacQueen (2015), historically, the adolescent or teenage period normally spanned from 12 to 18 years of age, which roughly corresponds to the time from the pubertal onset, such as, hormonal changes and guardian independence. However, recent work has expanded the definition and timeframe of adolescence to include young adulthood, often up to about 25 years of age.

For this research, a mother between the ages of 16 to 19 is considered as a 'teen mother'.

This research recruited six Māori teen mothers who have had the benefit of experiences with community-based mentoring. Potential participants were sourced through a two-pronged method: 1) Approaching community-based organisations that actively engage with teen mothers in a mentoring capacity and 2) using online platforms, such as, Facebook and online community notice boards. Once the participants were recruited, a face to face interview was conducted utilising pūrākau, thus enabled the participants to contribute to the direction the interview took while it also provided the space for the participants to share their thoughts and experiences that are unique to them. This approach is discussed more fully in this Chapter.

It was initially intended that the participants would be engaged in a voluntary community-based mentoring programme since there is a sense of buy-in from the teen participants and it eliminates the influence of the power dynamic that can often be unintentionally present within relationships, such as, in situations where a young person is ordered or mandated to engage with services in which they often feel as though they do not have an equal say, for example, input into goals, aspirations becoming a co-author toward the direction the relationship may take. Therefore, the participants that engaged in this research were sourced from both voluntary mentoring programmes and it was mandated engagement through youth development services, since gaining participants who were voluntarily engaged in mentoring was difficult to achieve due to the allocated deadlines to complete the interviews for this research and

according to the various definitions of the participants, in other words, what a mentor is, and what mentoring involves.

### **Chapter outline**

Since this research is based around Māori young mothers, te reo Māori has been used throughout this research. The English definitions for Māori terms and words have been provided as footnotes on the corresponding pages. It must be noted that many Māori words do not have a single English definition since the Māori language is complex and often the words have more than one meaning and relate to the context in which they are used.

Each of the chapters begins with a whakataukī<sup>12</sup>, that speaks to me personally and embodies the direction of each chapter and what is shared within the chapter. Whakataukī are described as poetic expressions that embody the wisdom that guides the Māori culture (Evans & Uruamo, 2012). Whakataukī are commonly used as a part of a speech, or a ceremony and within everyday life often allude to natural symbols and past events, whakataukī are employed to instil inspiration to others, to provide guidance and direction and to recommend a way to behave, communicate and interact, whakataukī give an insight into Māori thought. The word whakataukī can be split into whaka (to cause), tau (to be settled) and kī (a saying), thus a whakataukī is a saying that has become settled over time, through constant repetition from the time it was first exclaimed right up to the present day (Evans & Uruamo, 2012). Each whakataukī used within this thesis supported me in connecting with my writing and supported me in beginning my journey to discover and learn more about Te Ao Māori.

Chapter One: The introduction sets the basis for the reason this topic was selected, and the reasons further exploration of this topic is necessary within the social work field. This chapter also details my personal rationale and the reason I selected this research topic and why I felt it was important for me to conduct this study project. This chapter outlines the structure of the thesis and what is specified and explained in each chapter.

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<sup>12</sup> proverb

Chapter Two: The literature review acts as an informative chapter and it includes the key themes that were identified through the face to face interviews that were conducted with the Māori teen mothers as part of this research. Chapter two explores the relevant literature and the pūrākau surrounding the Māori cosmology to gain an insight into the views on pregnancy, parenting and mentoring and how this inspired traditional tikanga<sup>13</sup> and kawa<sup>14</sup> for whānau Māori. It informs the importance of wāhine in society and the role they play in bringing forward the life of future generations. This chapter is presented in a manner that follows our Māori ancestors and their traditional understandings that surround pregnancy and parenting practices. The literature review then examines the post-European settlement and what has become the considered 'norm' around pregnancy and the subsequent parenting of a child. This chapter also discusses mentoring in Aotearoa New Zealand, as it examines the traditional concept of tuākana-tēina that results in the development of awhingātanga (Hook et al., 2007) in Māori youth and the Mental Health of Māori teen mothers.

Chapter Three: This chapter discusses the methodology and outlines the philosophical underpinnings that contributed to this study. The Māori centred approach, pūrākau and Youth Development Strategy Aotearoa (YDSA) were applied in combination with a qualitative method. It shares the dual approach to recruitment as mentioned above. This chapter also shares the ethical considerations that were involved along with reflections of the data collection process and the thematical analysis.

Chapter Four: This chapter includes a discussion of the findings and it encompasses the pūrākau the teen mothers shared about their experiences through a chronological journey of their pregnancy, and their parenting and mentoring. This section has been presented using verbatim quotes and

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<sup>13</sup> customs and traditional values

<sup>14</sup> protocol or etiquette

pūrākau in relation to their whānaungatanga<sup>15</sup>, aroha<sup>16</sup>, awhingatanga<sup>17</sup> as well as their goals and aspirations moving forward for themselves and their child/ren.

Chapter Five: This chapter includes a discussion and an analysis, it shares the thoughts and discussions brought about by the key findings that have been identified as a result of this research. This chapter offers suggestions for our social work practice about the stigma surrounding teen parenting, awhingatanga, Teen Parenting Units, and teen mental health.

Chapter Six: This chapter includes a conclusion that links the chapters of this thesis together and summarises the key findings as a result of this research study. In addition, I also share my experiences and reflections throughout this academic journey. Finally, the conclusion chapter also discusses the limitations identified within this research, future research opportunities to further enhance this field, along with recommendations.

## **Conclusion**

This chapter has introduced the research subject of Māori teen mothers' experiences of mentoring. It has highlighted the importance surrounding this research and why I have chosen to gain a deeper understanding of Māori teen mothers in relation to pregnancy, parenting, and mentoring. The five main objectives that have been outlined include the following: 1) Explore the experiences of Māori teen mothers in community-based mentoring relationships; 2) Understand the impacts of the mentoring relationship for teen mothers' overall economic, educational and social outcomes; 3) To inform the objectives of the mentoring programme in relation to the social work field through the voices of Māori teen mothers; 4) To contribute to the literature relating to Teen Parent Mentoring in New Zealand; 5) To gain an

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<sup>15</sup> Relationship, kinship, sense of family connection - a relationship through shared experiences and working together that provides people with a sense of belonging. It develops as a result of kinship rights and obligations, which also serve to strengthen each member of the kin group. It also extends to others to whom one develops a close familial, friendship or reciprocal relationship.

<sup>16</sup> Love

<sup>17</sup> The act of assisting, being of benefit, befriending, embracing, hugging and caring for another.

understanding of community-based mentoring for teen mothers as an early intervention tool.

The following chapters discuss Māori teen parenting in Aotearoa New Zealand further, the effects that these relationships have for teen mothers and their child/ren. The following chapter also looks at mentoring in Aotearoa New Zealand for young people with a main focus on Māori teen mothers.

## **Chapter Two: Literature Review**

*Me aro koe ki te hā o Hineahuone*

*Pay heed to the dignity of Māori women*

### **Introduction**

Childbirth and parenting practices have changed for whānau Māori substantially in Aotearoa New Zealand throughout the years. This chapter explores the relevant literature and pūrākau to journey through Māori cosmology, in order to gain an insight into the views on childbearing along with subsequent child-rearing, and how these views have influenced the customary behaviours and actions for Māori. This chapter will also explore the literature that is relevant to the traditional Māori birthing and parenting practices in Aotearoa before the arrival of the European settlers, then it discusses childbirth and parenting and how it changed with the introduction of European ideology and practices. It will also examine the differences in terms of the different experiences in each period and it discusses birthing and parenting throughout these times. This literature review comprises an informative chapter and has been developed by utilizing the key themes based on the interviews with the Māori teen mothers as part of this research study that explores the 'Māori teen Mothers: Experiences of Mentoring'.

### **Wāhine throughout Māori cosmology**

Māori cosmology reveals stories of powerful wāhine<sup>18</sup> who are of paramount significance to Māori socially, culturally, spiritually, politically and economically (Mikaere, 1994; Morehu, 2005) and gaining an understanding of Māori cosmology is not only vital to a better realisation of the way our tīpuna regarded the world and their place within it, it also enlightens our current conceptions of ourselves and consequently endures to shape our practices and beliefs. Māori women held great mana in traditional Māori society (Te Mana Kaha o Te Whānau, 2018). In terms of Māori cosmology and earliest pūrākau, it is abundantly influenced by stories of strong wāhine Māori, highlighting their importance in sustaining the well-being of the whānau, hapū,

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<sup>18</sup> Female

and iwi. We observe this through the Māori sources of information that have been passed down through the generations by mediums, such as, waiata<sup>19</sup>, whakataukī<sup>20</sup>, haka<sup>21</sup>, and pūrākau that offer an insight of the way wāhine participated in and influenced traditional society (Te Mana Kaha o Te Whānau, 2018; Mikaere, 1994; Jenkins & Harte, 2011).

The Pūrākau that have been passed down tell us how our tīpuna<sup>22</sup> and divine beings lived. Māori believed in their Ātua<sup>23</sup> and their tīpuna stories served as guidelines for their behaviour and set forth a way of living (Jenkins & Harte, 2011). Annie Mikaere (1994) explains that “Maui acquires fire from his kuia<sup>24</sup>, or Mahuika. It is with the jawbone of his kuia, his Muriranga-whenua, that he fishes up Te Ika a Maui<sup>25</sup> and makes the patu<sup>26</sup> with which to subdue Ra<sup>27</sup>. It is to his ancestress, Hine-nui-te-pō, that Maui eventually succumbs as he fails in his quest to attain immortality.” Cementing the substantial overarching influence that wāhine have in Māori cosmology and throughout time. It is through an understanding of Māori cosmology that provided us with the basis of Māori traditions and values.

The pūrākau of creation tells us of the primal parents Ranginui<sup>28</sup> and Papatūānuku<sup>29</sup>, who emerged out of Te Kore<sup>30</sup> and joined together in a loving embrace with their children born between them, living in Te Po<sup>31</sup>. The children collectively decided to separate from their parents to start living in Te Ao<sup>32</sup>.

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<sup>19</sup> To sing, song or chant

<sup>20</sup> Proverb, significant saying, formulaic saying, cryptic saying, aphorism.

Like whakataukī and pepeha they are essential ingredients in whaikōrero (formal speech)

<sup>21</sup> Ceremonial dance

<sup>22</sup> Ancestors, grandparents, elders

<sup>23</sup> Ancestor with continuing influence, god, demon, supernatural being, deity, ghost, object of superstitious regard, strange being - although often translated as 'god' and now also used for the Christian God, this is a misconception of the real meaning. Many Māori trace their ancestry from *atua* in their *whakapapa* and they are regarded as ancestors with influence over particular domains. These *atua* also presented a way of rationalising and perceiving the world. Normally invisible, *atua* may have visible representations.

<sup>24</sup> Elderly woman, grandmother, female elder

<sup>25</sup> Māori name for the North Island of New Zealand

<sup>26</sup> Weapon in the form of a short club made of stone or bone

<sup>27</sup> The sun

<sup>28</sup> Sky father

<sup>29</sup> Earth mother

<sup>30</sup> Nothingness, the void

<sup>31</sup> Darkness or the night

<sup>32</sup> The world, light



After successfully separating from their parents, the children of Ranginui and Papatūānuku became gods of various parts of our natural world, for example, Tangaroa of the sea and Tāwhirimātea of the winds and weather (Morehu, 2005). From this, we see that Papatūānuku is the birthplace of all things, where life arises, such as, the trees, birds and humankind can be traced back to her through whakapapa (Jenkins & Harte, 2011; Morehu, 2005). This highlights that humankind is born from the womb of Papatūānuku and the importance of labour and birthing practices. Morehu (2005) explains that Papatūānuku nurtures everything and everyone living on the land, and after death the physical body returns to Papatūānuku completing the circle of life.

### **Birthing practices**

Traditional Māori creation pūrākau uses the symbols of childbirth, the growth of trees, thought, and energy as well as the abundant earth to carry the idea of continuous, repeated creation. These symbols carry the idea of a world in a state of continuous 'becoming' (Jenkins & Harte, 2011; Morehu, 2005; Marsden, 2003). This idea is a key aspect of the traditional Māori world view.

The standing of women within Te Ao Māori is of utmost importance as they carry on the whakapapa of a people through birth. Whakapapa<sup>33</sup> forms the foundation of Māori philosophy (Reid, Rout, Tau, & Smith, 2017), birth is the instrument by which whakapapa is created. All things are related through whakapapa – the gods, natural phenomena, humans and all other living things. Whakapapa provides a way of understanding, linking the universe and its past, present, and future (Marsden, 2003). The depth of importance carried by wāhine continues to be strengthened by looking at the interrelationship between childbearing and the identity of an individual and her whānau. According to Rameka (2016) the mother's identity connects to her past, present, and future which comes from her whakapapa which links to the past by her ancestors, to the present through her family, and to the future through her children and grandchildren. Even so, whakapapa is not only about the personal identity of the mother, it also acts as a connection to the whānau and

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<sup>33</sup> Genealogy, genealogical table, lineage, descent - reciting *whakapapa* was, and is, an important skill and reflected the importance of genealogies in Māori society in terms of leadership, land and fishing rights, kinship and status. It is central to all Māori institutions

the immediate family grouping, as well as her hapū and iwi, since they share a common genealogy. Women and childbearing serve as the link to the whakapapa. For example, hapū means to be pregnant and it also means to belong to a sub-tribe, whānau means to be born and extended family, iwi means bones and tribal people, and whenua means both placenta and land. Therefore, the land has the same profound significance as the placenta, which surrounds the embryo during pregnancy, giving it warmth and security, mauri<sup>34</sup>, a life force that relates to and interrelates with the forces of Mother earth. Within Te Ao Māori<sup>35</sup>, the process of reproduction is a vital factor that strengthens the social structures of whānau and hapū, and the connections with the land (Jenkins & Harte, 2011; Ware et al., 2018). Furthermore, Smith (2005) explains that the concept of 'te whare tangata' loosely translates as 'the house of humanity'. Women possessed the ability to create life. Furthermore 'ira tangata', the life principle which reinforces the ability of women to connect the past, present, and future in their role as te whare tangata and as the bearers of life. There is boundless importance placed on wāhine and their abilities to bring life into the world. They have always been imperative as they are the bearers of all humans (Rawiri, 2007; Smith, 2015), since pregnancy and childbirth are a normal part of Māori society.

Young wāhine gained a comprehensive understanding of childbearing and birthing processes, as a result of observing, learning, and role modelling those who are older, at each stage of the passageways into womanhood (Wepa & Huia, 2006). According to Wepa and Te Huia (2006), it was considered unusual for a female adolescent not to have a clear idea of what to expect with her first pregnancy, given the high level of support and education that was available to her through her whānau, hapū and iwi members. In terms of the upbringing for a young female, it involved an understanding of her sexuality and the importance of te whare tangata and the reproductive parts of her body were described in this way since the whare tangata conveyed the importance of women in relation to their capacity to produce future generations. Rites and

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<sup>34</sup> Life principle, life force, vital essence, special nature, a material symbol of a life principle, source of emotions - the essential quality and vitality of a being or entity

<sup>35</sup> Māori world

rongoa<sup>36</sup> would be undertaken by local tohunga to either prevent or assist in conception (Jenkins & Harte, 2011). Once a wāhine became pregnant there would be a great celebration, as pregnancy meant that the connection was instantly made between the physical state of infant gestation and the continuation of their people (Mikaere, 1994) and for the preservation of their whakapapa.

Regarding Māori pregnancy and birthing practices, the concept of tapu<sup>37</sup> and noa<sup>38</sup>, the concepts of balance and unity, held great importance (Pere, 1982; Smith, 2015; Tiako, 2013; Wepa & Huia, 2006). With the concepts of tapu and noa, wāhine were mindful to avoid situations where they might become infertile and incapable of continuing their whakapapa. As Wepa and Huia (2006) outlined a woman was considered tapu as a safety mechanism to safeguard her and her unborn child during pregnancy and childbirth. Extra safety measures were taken to ensure that the spiritual and physical development of the infant were not compromised. These included a constraint on activities, such as, food gathering, especially in the sea and waterways, a limitation on eating certain foods and a requirement to eat some of the best foods available. Procedures for care usually involved a woman's mother, grandmother, aunt, and other female relatives. The use of rongoa and mirimiri<sup>39</sup> were important components to prepare the woman's body and check the infant's position.

Within traditional Māori society, tikanga<sup>40</sup> was observed through an array of ceremonies and rituals that were conducted to mark the birth of a child, symbolising their importance within the whānau and to preserve the tapu of childbirth (Jenkins & Harte, 2011; Te Mana Kaha o Te Whānau, 2018).

Waiata Oriori (lullabies) were included in birthing rituals. Jenkins and Harte, (2011) state that they are beautiful poems personally composed for mokopuna, usually by the child's grandparents or parents, and were sung to

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<sup>36</sup> Remedy, medicine, drug, cure, medication, treatment, solution (to a problem), tonic

<sup>37</sup> Sacred, prohibited, restricted, set apart, forbidden

<sup>38</sup> To be free from the extensions of tapu, ordinary, unrestricted, void

<sup>39</sup> To rub, soothe, smooth, stroke, fondle, smear, massage, rub on, rub in

<sup>40</sup> Correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context

babies throughout pregnancy to help reinforce the whakapapa, spiritual connections, expectations, and importance of this new life (Te Mana Kaha o Te Whānau, 2018). Waiata Oriori linked the unborn child to the gods as their spiritual helpers and began the moulding and building of the child as a valuable member of the whānau and hapū. The use of waiata oriori was continued through birth and into infancy and they were sung aloud so that all of the whānau could listen and learn it and so they were aware of the baby's whakapapa and virtues. Some of the lullabies were centred on utu (vengeance) that may have been enacted on a whānau, hapū or tribe prior to the conception of the child; some were instructed in history and geography; some were to identify some of the other inherited taonga of the child. Jenkins and Harte, (2011) state that the idea that was related to the continued singing of the waiata oriori was that once the child was ready, the child would ask about any information which signalled the beginning of the child's Mātauranga Māori.

In addition to Waiata Oriori<sup>41</sup>, karakia<sup>42</sup> and waiata were also an instrumental ritual observed within the birthing of the Māori tamariki. The Karakia within the birthing utilised traditional language, constructs, and symbols. Karakia allowed one to become one with the atua, the ancestors, history, and the past. Karakia serve as a means of communicating with the gods and connecting with the spiritual realm and the universe in its entirety (Rameka, 2016). Karakia and waiata were sung by the whānau members and tohunga<sup>43</sup> to encourage labour and to help bring on the birth (Herewini, 2018).

This is because the birth of a child was viewed as a tapu process, therefore Māori women's labour and the birthing process took place in the open, or in purpose-built shelters, that some tribes referred to as the whare kōhanga<sup>44</sup>. The tasks of the attendants, known to some hapū as tapuhi, were to attend to all the needs of the hapū wāhine. The tapuhi were also deemed to be in a tapu state and therefore would prepare their meals and not return to their homes in

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<sup>41</sup> Lullaby - song composed on the birth of a chiefly child about his/her ancestry and tribal history

<sup>42</sup> To recite ritual chants, say grace, pray, recite a prayer, chant

<sup>43</sup> Skilled person, chosen expert, priest, healer - a person chosen by the agent of an *atua* and the tribe as a leader in a particular field because of signs indicating talent for a particular vocation

<sup>44</sup> Birthing nests

the village until the tapu had been lifted (Tiako, 2013). The tapuhi<sup>45</sup> could be the husband of the pregnant wāhine or other women in her whānau.

During birth, mothers would usually squat in an upright position and hold on to handposts, whānau members or attendants so by taking advantage of gravity it would help to promote a natural and calm way for their child to enter Te Ao (the light). Upon delivery, the baby would have any remaining remnants of the embryonic sack removed by the tapuhi by taking a deep inward breath over his or her mouth. As the pēpi<sup>46</sup> took his or her first breath a pronouncement to the world could be heard 'Tihei mauri ora!' - It is the breath of life! It is at this moment that the baby is considered to receive a spirit connecting him or her eternally with a tīpuna (Herewini, 2018; Tiako, 2013)

Mirimiri would be performed on the mother until the whenua was also delivered. It was checked to ensure that it was all intact and that nothing had been left behind in the womb. The whenua<sup>47</sup>, pito<sup>48</sup>, were buried on ancestral land as a way of binding the child to their people and turangawaewae<sup>49</sup>, iho<sup>50</sup> were placed in a hollow tree or at the foot of a boundary post. The housing structure where the birth took place, together with the mats and that other objects that were used, would be burned after labour to maintain the tapu that had been implanted through the birth and these sites would often be marked to signify to others not to go to that area. These sites were often considered tapu for many years and were not used by the hapū (Tiako, 2013; Wepa & Huia, 2006). The wāhine would prepare herself and her new-born child to leave the whare kōhanga to present the pēpi<sup>51</sup> to her village. Upon her return, she would be lavished with a celebratory feast and with gifts for the baby.

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<sup>45</sup> Nurse, midwife

<sup>46</sup> Be a baby, in infancy

<sup>47</sup> Placenta

<sup>48</sup> Navel, tummy button, section of umbilical cord nearest the baby's body

<sup>49</sup> Standing place, place of belonging

<sup>50</sup> Umbilical cord – the middle portion

<sup>51</sup> Baby, child

## **Parenting**

A Māori worldview has a positive and encouraging understanding of reproduction and caregivers (Ware et al., 2018). It encompasses the teachings of the primal family where the whānau of the Māori mirror their parenting techniques. Traditionally, Māori parenting has been described as a kinship parenting system (Pere, 1982) along with their collective Māori histories.

Upon further examination of the traditional parenting details that are within traditional Māori society, the roles of men and women can only be understood in the context of the Māori world view, which acknowledged the natural order of the universe, the interrelationships or whānaungatanga of all living things to one another and the environment, and the over-arching principle of balance (Mikaere, 1994).

Pere (1982) explains that within the whānau of the Māori and parenting, the children were encouraged to explore and interact with their surroundings to learn and discover for themselves. A review of the research shows that there are numerous accounts reflecting on how highly valued and significant the mokopuna were within these social structures (Jenkins & Harte, 2011). The whānau invested in the long-term growth of the mokopuna to meet their full potential through their cultural practices to ensure their safety and wellbeing. The care, safety, protection and guardianship of the mokopuna was viewed as a very serious consideration since the survival of the iwi relied upon it (Eruera & Ruwhiu, 2014).

Further to this Pihama (2011) has noted the following:

The French explorer Julien Marie Crozet, on his visit to the Bay of Islands in 1772, remarked of the Māori: 'They seemed to be good mothers and they showed affection for their offspring. I have often seen them play with the children, caress them, chew the fern-root, pick out the stringy parts, and then take it out of their mouth to put it into that of their nurslings. The men were also very fond of and kind to their children.'

The missionary Samuel Marsden commented in 1820: 'There can be no finer children than those of the New Zealanders. Their parents are very indulgent, and they [the children] appear also happy, and playful, and very active.' The travelling painter George French Angas found: 'Both parents are almost idolatrously fond of their children; and the father frequently spends a considerable portion of his time in nursing his infant, who nestles in his blanket, and is lulled to rest by some native song'.

Within traditional Māori parenting, gender-specific roles were not present. Jenkins and Harte (2011) noted the major socialisation fact in the pre-European Māori family as reported by the earliest European observers, was the place of the nurturing warrior – the father as carer along with the mother. Both men and women were of chiefly status. Children were trained to do the varied roles of adulthood – warriors, judges, food producers, artists, builders, and caregivers. All of the observers commented that the children and youth were years ahead of European children and youth in all aspects of life.

Mikaere (1994) explains that the very survival of the whānau was reliant upon everyone who made it up, meaning every person within the group had his or her intrinsic value. Since they were all a part of the collective, therefore, it was their collective responsibility to see that their respective roles were valued and protected. Traditional Māori communities offered communal living which offered support and the fundamental expression of blood kinship and community co-operation (Jenkins & Harte, 2011; Ware et al., 2018). At times the kainga<sup>52</sup> consisted of small units of 30 to 45 people or bigger where everyone helped with the children and everyone was committed to raising the next generation (Jenkins & Harte, 2011), thus enabling the shared responsibility for childrearing and parenting as most often those living within a village were closely related, offering extra support for a mother and her child. Furthermore, Jenkins and Harte (2011) explain the following:

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<sup>52</sup> Village, settlement or home

“The kinship terms describe the generational relationships and their duties to one another. Therefore, every child knew everyone in different roles. Everyone above was a matua<sup>53</sup> or matua tūpuna<sup>54</sup> and everyone in the same generation was a tūngane<sup>55</sup> if you were a girl, or tuahine<sup>56</sup> and tamaiti tane if you were a boy. There were tuākana and tēina, and below you were your tamaiti<sup>57</sup> or kōtiro<sup>58</sup> and below them, your mokopuna.”

### **Birth practices following European settlement**

Before the European settlement in Aotearoa, the mokopuna were cherished and welcomed with open arms, however, this sentiment slowly began to change with the introduction of the European processes and ideals. Even though the traditional Māori birthing knowledge has been passed down through the generations to the hapū and the whānau, yet many hapū have lost a great amount of knowledge over time (Tiako, 2013). In line with the influence of the European contact, the Māori birthing practices became less present and began to give way to the European ways of birthing and the dominant views on what was right for the mother and child throughout the labour and birthing process (Tiako, 2013; Wepa & Huia, 2006). In 1886 over 50 percent of those Māori who died were children. In the 1890s, 25 percent of the Māori girls died before reaching nine months of age, and 50 percent died before they turned seven. In comparison, fewer than 10 percent of the Pākehā<sup>59</sup> girls died before nine months, and only about 15 percent before the age of seven (Stojanovic, 2008), so the result was that fewer Māori girls survived to childbearing age, which limited their future population growth. Wepa and Te Huia (2006) explain that by 1900, the Māori population was at an all-time low of 42,000, a reduction from 200,000 in 1769. This was a result of foreign disease, such as gonorrhoea and syphilis along with less than desirable living situations which in turn created a higher level of infertility for Māori women. For those who

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<sup>53</sup> Parent

<sup>54</sup> Grandparent

<sup>55</sup> Brother

<sup>56</sup> Sister

<sup>57</sup> Son

<sup>58</sup> Daughter

<sup>59</sup> A white New Zealander as opposed to a Māori individual Māori



were able to conceive and give birth, the infant mortality rate was high, according to research by Stojanovic (2008) who noted that one in four babies would die during their first year of life. Mortality rates through childbirth also increased, since mothers suffered from increased rates of pre-eclampsia, post-partum haemorrhaging and maternal death during childbirth (Pairman, 2005).

Legislation, such as, the Midwives Registration Act 1904 and the 1907 Tohunga Suppression Act prevented the tapuhi from continuing to practice their traditional birthing within the Māori society (Wepa & Te Huia, 2006). Pairman (2005) explains that the 1904 Midwives Act itself was a short document of only four pages. It was passed to “provide for the better training of midwives, and to regulate the practice of midwifery”. Prior to the introduction of the 1904 Midwives Act in Aotearoa, only a few midwives had formal training which they had gained before arriving in Aotearoa (Pairman, 2005; Stojanovic, 2008), the majority were known as ‘lay midwives’ who mainly focused on childbirth amongst the European population relying on knowledge they had gained predominately through their experience and observation. With the introduction of the midwifery profession coupled with the 19th-century European viewpoint of pregnancy which began to be often described as an illness (Stojanovic, 2008), Aotearoa saw the establishment of multiple ‘maternity homes’ and ‘hospitals’ throughout the 1930s.

As a result of this newly formed perception of pregnancy, hundreds of independent maternity homes provided childbirth services throughout the country (Pairman, 2005). Stojanovic (2008) states that by 1926, 58 percent of births took place in hospitals rising to 76 percent by 1934. Moreover, 78 percent of the European women were having their babies in a hospital compared to 17 percent of the Māori women (Pairman, 2005; Wepa & Huia, 2006). Research undertaken by Wepa and Te Huia (2006) explains that in 1937 the Commission of Inquiry into Maternity Services in New Zealand, described Māori birthing ‘involving kneeling or squatting that was not allowed in hospitals, where beds were considered more civilised’. By the 1940s the Obstetric Society began to increase influence and power within hospitals, claiming that childbirth was an ailment that required medical intervention

(Wepa & Huia, 2006) with the intervention most commonly taking place at purpose-built maternity hospitals. This led to the introduction of pain relief and prolonged bed rest within the maternity ward. Wepa and Te Huia (2006) pointed out that in spite of the growing normalisation of hospital-based childbirth, hospital birthing was not popular among Māori women as they increasingly experienced isolation in terms of whānau support, enforcement of the lithotomy position, separation from the baby, giving birth in a place where people die, the burning of the whenua and disrespect for their spiritual health all of which was exacerbated by the unfamiliar surroundings of the clinical hospital setting and the staff members.

According to Stojanovic (2008) vital to the development of the hospitalisation method as the preferred option for birth and postnatal care, was promoting the idea that hospital staff could facilitate a safer, pain-free birth. This was attributed to the increased use of medical interventions and drugs, and there was a heightened call for observation and monitoring of the labouring women as they most often were semi-conscious, requiring invasive techniques, such as, regular vaginal examinations because of the birth attendant's difficulty in determining the progress of the labour through their observation of the women in labour. Natural childbirth behaviours were no longer present in the anesthetized woman. In the process of achieving a 'painless childbirth', the woman gave up control of her birth process to the birth attendants and became an invalid to be tended to, and observed and monitored.

For Māori women, labour and birthing process developed from normal to abnormal, due to no longer being able to follow their traditional techniques and to obey inherent bodily birthing instincts, such as, moving into certain positions to aid the baby's descent through the pelvis and to reduce the pain (Stojanovic, 2008; Pairman, 2005). Women could no longer eat and drink during labour, to refuel their body since their energy requirements increased during labour. Often, the mother did not have the ability to push the baby out, so deliveries using forceps became much more common. Research conducted by Pairman (2005) has shown that the drugs used to facilitate a pain-free labour only sedates the mother it also tended to sedate her new-born child, increasing the number of babies requiring resuscitation at birth. These interventions created

a cycle of intervention and increased risk along with the increase in intervention (Pairman, 2005). With the introduction of hospitals and medical intervention, an increasing number of women laboured on their backs often with their feet in stirrups which they noted as a less optimal position for childbirth.

## **Parenting**

Traditional Māori communities observed that both men and women were vital parts of the collective. According to Mikaere (1994), both men and women formed part of the whakapapa that linked the Māori people back to the land and to the beginning of time. The Māori communities offered communal living, enabling supplementary support for a mother and her child, however, the communities brought about by the introduction of the European ideals introduced through (and further perpetuated by) colonisation and the urbanisation of the Māori communities, no longer provided the same essential support (Pihama 2011; Jenkins & Harte, 2011; Te Mana Kaha o Te Whānau, 2018). Life in Western society was characterised by a certain strict discipline and rigid roles for family members within a nuclear unit where men exercised the greatest power (Te Mana Kaha o Te Whānau, 2018). Customarily, Māori men and women had their tasks and ways in which they contributed to providing for their whānau and caring for their children, as previously mentioned, Māori men had an active influence on the care and upbringing of their children and those within their hapū and iwi. However, the European settlers brought the notion of a male patriarchal figure and the women and children were considered as their dependents and as chattels. Reid, Rout, Tau and Smith, (2017) noted that this discourse became the dominant arrangement in urban centres and a belief that slowly come to be adopted by the Māori whānau as they moved to the urban areas to gain employment and the perception of a better life for their whānau. As Ritchie (2007) noted the act of parenting in the 19<sup>th</sup>-century was a task undertaken by the European mothers with earnest dedication having willingly accepted the burden of responsibility to care for their children. Caring for their children was often a task done in isolation as women experienced limited family and social supports, with their spouse regularly working long hours leaving most mothers unsupported and sometimes unappreciated. Research conducted by Ritchie

(2007) explains that 80 percent of the participants reported that baby care was entirely the responsibility of the mothers. Ritchie (2007) further explains that throughout the 1950s-1960s the acceptance of sole responsibility for caring for her children by their mother was reflected by the dominant social discourses, based on the work of a British psychiatrist, John Bowlby (1953), who coined the phrase 'maternal deprivation' to describe a social attitude or ideology that considered the mother's physical presence as absolutely essential for a child's social, emotional and intellectual development.

Reid et al. (2017), explained that through European settlement the flow-on effects of colonisation, and the urbanisation of the Māori whānau and culture had an impacted on the way the children were raised. For example, children who would have otherwise been cared for by the whānau who were living in a communal village setting were raised in nuclear family situations with parents subject to the stress from the separation from their social support networks and material poverty, thus leading to the impact that resulted from various psychological impacts, such as, the youth not gaining knowledge and exposure to their culture – their traditions, stories, practices, and language – and instead they were exposed to a negative colonial narrative that denigrated their culture. This thought is further reiterated by Ernest Dieffenbach who in 1843 recorded that the "Māori children were nursed with affection and tenderness either by the mother or by some other women of the tribe, who gives it her breast".

### **Western view on 'teen' parenting**

With the settlement of the Europeans in Aotearoa it brought about the notion of age. The notions of being 'young' 'poor' 'unemployed' and of 'bad character' alongside the role of race/ethnicity, remain central to the makeup of belief systems surrounding teenage pregnancy. Pihama (2011) noted that the concept of being 'too young' to have a baby is linked to the construction of 'age' itself. Many researchers have explored this view stating that the age differentiation of a 'teenager' occurred in the early 20<sup>th</sup> Century. Pihama (2011) detailed that in the late 1800's the stage between childhood and adulthood, as that of an adolescent was non-existent. Age was defined by the social and

economic context of that time in contrast to the chronological age of a person. It was during the industrial revolution, young people left the influence and control of their families and travelled to the cities to labour as apprentices, domestic servants, and factory hands, that we see the expansion of the new developmental stage of 'teenager' or 'adolescent'. This is where a young person is seen to be moving from a place of dependence upon their parents and family members to independence.

Within the 20<sup>th</sup>-century this negativity and stigma surrounding teen pregnancy and subsequent motherhood have not generally been evident. Research has noted that until recently the teenage years were considered an optimal time physiologically for childbirth, since mothers in their 30's were seen to have more complications and to be at a higher risk in terms of childbearing. In more recent years, this notion has reversed, we now see older mothers have become the norm and the multiple problems associated with later fertility tend to be overlooked (Pihama, 2011; Southorn, 2016). Meanwhile, teenage mothers have become increasingly marginalised and stigmatised in the same way that unmarried mothers of all age groups were in the past. Subsequently, in a noticeable distinction with the joyful event that typically characterises childbirth and which is the experience of many young mothers, teenage motherhood is now invariably positioned as a social or public health problem. This emergence of teen pregnancy as a social and health problem was not considered to be an issue prior to the mid-1970s (Pihama, 2011).

Teenage fertility rates in Aotearoa have steadily continued to decline having dropped to its lowest in over a decade in 2018 for women between 15 and 19, noting 13 live births per 1,000 down from 15 live births per 1,000, in 2017, resulting in 2309 live births (Statistics NZ, 2019). This number is just under half of the 2008 rate of 33 live births per 1,000. In comparison, the birth rates peaked in 1972, with 69 births per 1,000 to women between 15 and 19 years of age. It is noted that the overall decreasing birth rates in Aotearoa have mainly been driven by trends among women between 15 and 29 years of age, now contributing to a minor portion of live births in Aotearoa New Zealand, about 4 percent. In terms of the majority of the births in Aotearoa that are

contributed to by unplanned pregnancies, in 2008, of the estimated 95,335 pregnancies (across all ages) just over 53 percent were unplanned pregnancies and this resulted in 24,131 live births. Only 3913 of these were to mothers between 15 and 19 years of age (Statistics NZ, 2019). Even though teen pregnancy numbers in Aotearoa New Zealand have halved since 2008, the rate of teen pregnancy in Aotearoa New Zealand is still considered to be high by the OECD (Organisation for Economic Co-operation and Development) standards. Recent figures show that Aotearoa New Zealand is second behind the United States in comparison to similar OECD countries (Families Commission, 2011; Ministry for Women, 2018; Woodward et al., 2001). It is argued that teen mothers experience the same parenting challenges as those mothers who are older. These challenges include and are not limited to feeling tired; unprepared for parenting; feeling overwhelmed; having no time for themselves; getting themselves and baby into a routine; feeling isolated, and difficulties getting the baby to latch and continue breastfeeding (McArthur & Barry 2013). However, it is acknowledged that these challenges may be amplified in the situation of that of a younger mother due to experiencing social isolation and parenting all alone (Ministry for Women, 2018).

In recent years, researchers and scholars have looked further into the phenomenon of early childbearing for Māori women. As previously mentioned, Māori statistics remain significantly higher than that of their European counterparts, however, they have highlighted many positives and as of late they have been linked with the traditional pre-colonial practices. The findings from a study that was undertaken by Mantell, Craig, Stewart, Ekeroma, and Mitchell (2004) explored trends for over 65,000 live births from 1996-2001 by Māori women showed that teenage pregnancy is not a risk factor for adverse outcomes for Māori women once their socioeconomic status has been considered. For both a preterm birth and small for gestational age, teenage pregnancy appears to confer no additional risk compared to births by women between 30 and 34 years of age.

Rawiri (2007) argued that the values and morals underpinning societal views, policy and interventions on pregnancies impact how people view teenage pregnancies. It could be suggested that the process of colonisation has left many in the Māori community without the understandings of their ancestors which would have urged them to consider any pregnancy and indeed the mother-to-be as precious (Pihama, 2011). Instead, those in society at large, including some in the Māori community, now view adolescent expectant mothers as 'a problem' to be dealt with.

### **Awhinatanga**

Hook et al. (2007), note that from the Māori perspective the basic principle of mentoring is embodied in the Māori word 'awhingatanga'. However, the term awhinatanga and mentoring are not defined in the same way. Hook et al. (2007), explained that āwhina means to assist, benefit, befriend, embrace, hug and care for. Whereas a mentor is defined as somebody, usually older and more experienced, who provides advice and support to, and watches over and fosters the progress of, a younger, less experienced person. Pere (1982) further reinforces this stating that the concept of āwhina brings forward positive motives and is an expression that carries with it practices towards all people. Hook Waaka and Raumati (2007), emphasized that within the Māori community mentoring in a group setting takes precedence over individual mentoring or one on one mentoring due to the fact that group mentoring enhances the opportunities that behaviour modification can be influenced by both the whakapapa and the tikanga, noting that this in line with the Māori concepts of individuality and awhinatanga as an expression of Māori-centredness.

A long-established part of traditional cultures is the understanding that older members have the responsibility to assume a mentoring role (Waller et al., 1999), as presently accepted within the concept of tuākana-tēina mentoring. Rawiri (2007) emphasised the fact that young Māori mothers and their children are generally represented as negative in terms of economic needs, social support and overall outcomes for the mother and child. However, the lived experience of teenage mothers within her study indicates that there

were many positive outcomes. Rawiri (2007) found that appropriate social supports for teen mothers, particularly those encountered in their relationships with other women, were critical to their positive experiences.

In the report by Te Puni Kōkiri (2010), entitled *Kaiako Pono: Te Ao Māori* (the Māori world), the author describes the philosophy and practice of those who identify as Māori, and generally refers to living modalities that are appropriate and relevant to and for Māori. The author explains that it is important to ensure that mentoring programmes include key Māori concepts and practices that will help programmes be more responsive to Māori mentees, and encourage Māori mentees to practice self-determination. The Youth Mentoring Network, (2008) noted that mentoring Māori youth is about forming a flexible ribbon as it relates to the relationship, reconnecting and enhancing the young person's connections with the positive and protective factors of their own social and cultural environments.

Hurd and Zimmerman (2010) argued that natural mentors, such as, supportive non-parental adults from the pre-existing social networks of the youth, could very well play a critical role in the healthy development of the young people. In both the cross-sectional and longitudinal studies, researchers have found more positive psychosocial outcomes, among the youth and the young adults with natural mentoring relationships compared to the relationships they have with their peers, without these supportive relationships (Youthline Charitable Trust, 2009). Hurd and Zimmerman (2010) defined natural mentors as non-parental supportive adults who are a part of the adolescents' social networks, for example, extended family members, neighbours, or friends of their family members. Although the operational definitions of natural mentors have varied, most researchers agree that natural mentoring relationships occur between an older and more experienced adult mentor and a younger, less experienced mentee and that these relationships serve to provide mentees with support, guidance, and encouragement. A recent study conducted by Rawiri (2007) investigated the role of social support in helping adolescent Māori mothers cope with pregnancy, birth, and motherhood. The study highlights the importance of social support and the continuation of education, noting that by



combining the efforts of positive social networks and social support, services can improve the lives of adolescent Māori mothers and their children.

Natural mentoring was present in Aotearoa prior to the European arrival and colonisation, with the *tuākana-tēina* concept entrenched in the Māori community (Farruggia et al., 2010), which was encouraged by the intergenerational *whānau* living. The concept of *tuākana-tēina* is similar to the peer support that is demonstrated in the mainstream schools, since the 1980s. Within the *tuākana-tēina* concept the *tuākana* is initially responsible for leading in the relationship, yet this relationship is one of reciprocity where both the *tuākana* and the *tēina* are teacher and student, mentor and mentee, with the cycle continuing as the junior student eventually undertakes the senior role (Farruggia et al., 2010). Traditional within communal living for their *whānau* the Māori young people were living with up to four generations of *whānau* which enabled them to learn through the exposure, instructions and observed values they witnessed that were passed down by those who were older and helped them to integrate fully into *whānau* living (Edwards, McCreanor, & Moewaka-Barnes, 2007). However, with the occurrence of the urbanisation of their *whānau* in the Māori community, this *tuākana-tēina* relationship has often been strained and lost, however recently there has been a resurgence of Māori returning to the practices of their *tīpuna*.

Similar to the *tuākana-tēina*, the notion of *ako* is one that has been passed down from *tūpuna* and is making a re-emergence into current mentoring practices. According to Lee (2005) “*ako*<sup>60</sup> is most commonly understood as the process that involves the idea ‘to learn and to teach’ and it is a notion that derives from a Māori epistemological base”. Traditionally knowledge was highly valued, and it was central to the social, economic, political as well as spiritual (Lee, 2005) development of the *whānau*, *hapū*, and the *iwi*. Lee (2005) notes that the *mana* of each group was dependant on the knowledge they held, how it was protected, developed and practiced. Given that knowledge was primarily to benefit the collective, the idea of *ako* in traditional Māori

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<sup>60</sup> To learn and to teach

society was all-encompassing, co-operative, reciprocal and necessary (Lee, 2005).

Ako as a process was embedded in everyday life, it was not practiced in isolation. According to Morrison and Vaiolati (2011) ako is driven by certain cultural, spiritual as well as collective concepts. Ako allows for the passing of information and knowledge to be held within communities and whānau. The process of ako was a constant and unconscious practice.

Indeed, the process of ako was ongoing, it did not operate in isolation in terms of everyday Māori life, rather ako was fundamental in the creation, transmission, conceptualization, and articulation of Māori knowledge (Lee, 2005). Ako is largely underpinned by the dealings of Māori cultural concepts that produced the knowledge and understandings of identifying as Māori within a person's whānau, hapū, iwi and whakapapa relationships. The concept of ako was not conducted by specific methods or techniques, it was traditionally underpinned by the wider cultural practices and directed by the teacher-learner relationship, the context, and the knowledge and resources of the group (Lee, 2005). Today, the practice of ako refers to those preferred Māori pedagogical concepts that are drawn from the traditional culture of the Māori community along with the strong influence from the socio-cultural contexts, that of the school, whānau and the natural environment.

Furthermore, Hook et al. (2007), explain that mentoring within a Māori framework diverges from that of a Pākehā framework not only in terms of the underpinning ideologies it also diverges from the intended outcome. The research shows that within a Westernised framework the goal of mentoring is for independence and self-development whereas within the Māori framework the growth of the group or whānau takes precedence. The research study by Hook et al. (2007), explains that the group includes the whakapapa (genealogy), whānaungatanga<sup>61</sup>, te Reo<sup>62</sup>, Tautokotanga<sup>63</sup>, Manaakitanga<sup>64</sup>,

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<sup>61</sup> Relationship, kinship, sense of family connection - a relationship through shared experiences and working together which provides people with a sense of belonging

<sup>62</sup> Māori/Maori language

<sup>63</sup> Support, prop up, verify, advocate, accept (an invitation), agree

<sup>64</sup> Hospitality, kindness, generosity, support - the process of showing respect, generosity, and care for others

Rangatiratanga<sup>65</sup>, Manakitanga<sup>66</sup>, Utu<sup>67</sup>, Kōtahitanga<sup>68</sup>, Wairuatanga<sup>69</sup>, and the Kaitiakitanga<sup>70</sup>

Despite the colonial and modern social history of the Māori experience, their cultural identity remains a fundamental and important indicator and protective factor for well-being amongst the Māori. Those in the Māori community are generally proud of being Māori (Durie 2015, Keelan 2014). Further, there are numerous factors including the mentoring service provider and the commitment shown to embracing Te Ao Māori and the understanding held while engaging with Māori young people. According to Ware (2014), the ability to provide Kaupapa<sup>71</sup> that is Māori-based or culturally relevant mentoring is of considerable importance in the mentoring practice in Aotearoa. Research shows that approaches that highlight the kawa<sup>72</sup> and tikanga<sup>73</sup> and the use of the basket of knowledge are effective in building resilience and a sense of belonging and connectedness for a mentee.

Edwards et al. (2007), acknowledge that within the concept of mentoring Māori youth today, they are living in culturally complex and socially diverse environments and they often must navigate multiple identities. Baker and Edwards (2012) explain that while an understanding of the Māori historical context is important, an awareness and acknowledgement of the current issues in the lives of the mentees is also necessary, to ensure the programmes and mentoring relationships that serve them are relevant and sensitive.

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<sup>65</sup> Chieftainship, right to exercise authority, chiefly autonomy, chiefly authority, ownership

<sup>66</sup> To be reduced, lessened

<sup>67</sup> The concept of balance or reciprocation. Sometimes used to describe revenge, but also refers to returning a kindness.

<sup>68</sup> Unity, togetherness, solidarity, collective action

<sup>69</sup> Spirituality

<sup>70</sup> Guardianship, stewardship, trusteeship, trustee

<sup>71</sup> A principle or policy

<sup>72</sup> Correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol

<sup>73</sup> The customary system of values and practices that have developed over time and are deeply embedded in the social context

## **Mentoring**

The word "mentor" derives from the Greek root meaning "steadfast" and "enduring" (Waller et al., 1999). Mentoring as a practice has been observed in Aotearoa New Zealand for over 100 years (Farruggia et al., 2010) it was first introduced within the world of business, and it evolved into the field of youth development in the early 1990s (Rickard, 2010). Mentoring as a general principle is simply understood and acknowledged, however, the kind of mentoring and the approaches of mentoring vary significantly according to the level, age, and experience of the mentee. Knowing the background of the mentee is the starting point for the development of a mentor/mentee relationship. It would be a mistake to couple incompatible mentors and mentees (Hook, Waaka & Raumati, 2007). As Waller, Brown, and Whittle (1999) have noted, although the importance of the mentor role in social work is noticeable, the field lacks a knowledge base that is related to mentoring. The social work literature on mentoring is not extensive and is typically based on generalizations from the corporate context.

The findings from a study conducted by Sulimani-Aidan and Shapell (2016) exploring mentoring for youth in care, showed that "Mentoring is one of the most important components of programmes that are designed to exemplify wellness and encourage teens to become productive and responsible members of society. The concept mentor refers to a supportive adult who is significant to the child, who provides guidance, and emotional and practical support, who can serve as a role model and advocate in addition to or regardless of parents". This is reinforced through the research Selby and Barnes (2013) conducted which examined face to face mentoring for Māori young people and their whānau within a marae setting. The mentees who were involved with this programme described successful mentors as people who were older in terms of age, who demonstrated generosity, acted as a good role model, showed a commitment to teaching and learning and they also provided wisdom and guidance.

Waller et al. (1999), examined community-based mentoring programmes where volunteers were involved. They identified that the ingredients of a

successful mentoring relationship included: (1) community education; (2) effective strategies for recruitment, selection, and matching of mentors and teens needing mentors; (3) a training program that provides mentors with a knowledge base related to teen pregnancy and mentoring; and (4) on-going support and supervision for mentors, including establishing linkages between mentors and multidisciplinary treatment teams.

The viability of a mentoring program also depends on agency investment and support, including funding. Community volunteer mentoring programmes represent one creative response to teen pregnancy that is cost-effective and provides community members with an opportunity to take positive action (Rowen, Shaw-Ridley, & Rager, 2005; Selby & Barnes, 2013). Rowen et al. (2005), also noted that key components of a mentoring program include mentorship, parental guidance and support, spiritual guidance, parenting classes for teen parents, classes related to personal growth and development and peer support groups.

Previous research carried out by Ricks (2016) has demonstrated that if the key components mentioned above are at the core of a mentoring relationship, it is expected that the results will be favourable for the success and achievement of the young person transitioning into parenthood and subsequently the young person will get a better education, and their finances and mental health outcomes will improve for both the mother and child. Mentors serve as resources to help teen parents overcome barriers, adjust to parenting and develop educational and career goals. Adult mentors provide hope, encouragement, nurturance, and guidance to a teen mother, and this will result in teen mothers who are more resilient and more satisfied with their lives (DeJong, 2003). These are close relationships that can potentially develop and build up the resilience that assists teen mothers to overcome the adversities they encounter.

On the other hand, some studies have suggested that planned mentoring relationships tend to be briefer and may involve greater challenges for both the mentee and the mentor compared to natural mentoring relationships

(Bogat, Liang & Rigol-Dahn, 2008; Ricks, 2016) (Bogat et al., 2008). The difficulties of establishing and maintaining a planned mentoring relationship may be observed during the initial stages, the getting acquainted phase. According to Bogat, Liang and Rigol-Dahn (2008), prior to the initial meetings with a planned mentoring relationship many mentees reported feeling anxious, worried and awkward about meeting with their mentors, and several failed to attend the meeting. It is advised by Youthline Charitable Trust (2009) that the ability to establish an attachment to the mentor may be related to the degree of acceptance the mentee experienced in her relationship with her own mother. Not surprisingly, mentors who were friendly, warm, supportive, and offered non-critical advice tended to be perceived more positively by their mentees, while mentor intrusiveness, unavailability, and disappointments had a negative impact on the mentor-mentee relationship. Bogat, Liang, and Rigol-Dahn (2008) mentioned that although mentoring relationships appear to be ideal sources of support and teaching, especially for at-risk youth, the realities of the relationship are quite different. Bogat, Liang, and Rigol-Dahn (2008) went on to acknowledge that about one-fourth of formal mentoring relationships do not progress beyond the initiation phase. Even so, among the mentee-mentor matches that endure beyond the initial acquaintance phase, there are still many challenges to overcome, such as, mentor disillusionment and the high frequency of disengagement between the mentee and mentor. Bogat, Liang, and Rigol-Dahn (2008), proposed that the original intent of a mentoring relationship is for the mentor to provide a positive influence for the mentee, even though unresolved frustrations that may occur. This may inadvertently do more damage than good for the mentoring relationship and moreover for the mentee. Often, mentoring relationships can be terminated early due to transient lifestyles and relocation (Bogat, Liang and Rigol-Dahn, 2008; Youthline Charitable Trust, 2009). This is proven to be harmful to an adolescent, particularly as many find that it is a struggle to build a meaningful connection in the first instance.

## **Youth mentoring in Aotearoa**

Youth mentoring is a low-cost, active social intervention that is connected with a wide range of beneficial outcomes for young people (Rickard, 2010). Supportive relationships with non-parental adults can have a powerful and positive influence on the course of a young person's life (Eby, Allen, Evans, Ng, & Dubois, 2008). Youth mentoring is a complex intervention with a range of processes that occur at an individual level, relationship level and at a systems-level (Youthline Charitable Trust, 2009). The power of mentoring as an intervention lies in the capacity to develop a close, positive and supportive relationship (Youthline Charitable Trust, 2009) which is correlated to a growing resilience on the part of the mentee. It has been observed that within mentoring relationships there is a great capacity to influence the social, emotional, cognitive and identity development of a young person based on strengths-based youth-friendly activities (Rhodes, 2005) which focus and involve the young person in terms of decision making.

Youth mentoring is broadly defined as an individualised, supportive relationship between a young person and a non-parental adult that promotes positive development (DuBois & Karcher, 2005; Keller & Pryce, 2010). Mentoring relationships are complex in the sense that they are a highly individualised intervention (Youthline Charitable Trust, 2009). A common theme in the literature is that mentoring aims to provide a purposeful, structured and trusting relationship, which brings young people together with caring individuals who offer guidance, support, and encouragement (Farruggia et al., 2010)

Aotearoa New Zealand has a wide variety of youth mentoring programmes in place that offer valuable support and guidance. The type of mentoring structures within Aotearoa can be classified as traditional mentoring (one adult to one young person), group mentoring (one adult with a group of four to five young people), team mentoring (several adults working with a small group of young people), peer mentoring (youth mentoring other youth), or e-mentoring (using technology, such as, email or Skype as the primary method of communication) (Farruggia, et al., 2010)

As mentioned, mentoring takes on several different pictures. Community-based mentoring offers a variation on mentoring programmes, such as, informal mentoring and formal mentoring. Within informal mentoring there are natural mentors, where mentors are found within normal relationships between the youth and their family, friends' neighbours and professionals, such as, youth workers and social workers (Barrera & Bonds, 2005). Formal mentoring can be subdivided into two categories, for example, stand-alone programmes which are specialist structured youth mentoring, where the primary role of the programme is youth mentoring. In community-based programmes, mentoring pairs tend to operate independently of the programme, deciding and organising where they will meet and what activities they will undertake once they get together.(NZ Youth Mentoring Network, 2016). Also, Youth Development programmes offer a mentoring service as a component of the existing wrap-around services they are engaged with. These programmes tend to be able to offer a young person a holistic approach to the support and they are often multi-faceted (NZ Youth Mentoring Network, 2016).

There are many complexities that are present in forming successful and lasting mentoring relationships. Hamilton and Hamilton (1990) defined four levels (stages) that are incorporated into a mentor/mentee relationship: (1) building a relationship; (2) introducing options; (3) developing character; and (4) developing competence. These translate into distinct mentoring functions which respectively emphasize: (1) becoming familiar with one another and developing trust; (2) enhancing mentee personal and professional goals; (3) building mentee self-confidence and focusing on beliefs and values; and (4) helping the mentee plan by providing instruction in terms of academic and personal skills.

### **Teen parent mentoring**

Although Aotearoa New Zealand has a high number of mentoring programmes and can see the benefit in them, only recently has support for teen parents gained traction (Ware, Breheny & Forster, 2018). There is limited literature on teen mothers in Aotearoa New Zealand since it is not a field that has been



studied or examined in depth until recent years. Research suggests that non-parental relationships are especially valuable during adolescence and contribute positively to an adolescents' development. The research undertaken by Bogat, Liang, and Rigol-Dahn (2008), shows that older women, designated as mentors, provide support to the pregnant or parenting adolescents and lessen the stresses correlated with the new life circumstances of the adolescents in two ways. Firstly, the mentor can offer emotional support that could serve as a replacement for that which the adolescent does not receive from her mother or from her existing social network. In this capacity, the mentor's relationship with the adolescent could have secondary effects as well since she might serve as a role model to guide the parent-child interactions once the adolescent's baby is born. Second, the mentor might provide instrumental support that furnishes specific, material and objective assistance in solving problems and stresses during and after the pregnancy.

Tuākana-tēina mentoring is prevalent in Aotearoa New Zealand for teen mothers as a means of support. A study of nine young Māori mothers found that most mothers had good support from their family and friends (Casey, 2007), with immediate family members as the main source of support. Family members provided childcare support, so that there was always someone available to care for children on short notice. Most younger mothers preferred to go to friends and family for advice and support rather than seeking this assistance from professionals.

A report by the Ministry for Women (2018) explained that teen mothers who sought support from professionals and community agencies preferred to see someone young or someone who understood their position. Teen mothers felt it was imperative for services that they engaged with to guarantee that positive, trusting relationships were formed with mentors with non-judgemental attitudes who acknowledged that the role of a mother is a learning curve for mothers of all ages. Further, this same report (Ministry for Women, 2018) distinguished that teen mothers were willing to engage with workers who focused on what was going well for them, rather than what wasn't going well.

Some spoke positively about the support they had received from smaller, targeted services, such as, family support services and crisis services.

Numerous international studies have shown that the most substantial benefit of mentoring for teen parents and their child/ren is the social support (Waller, Brown, and Whittle, 1999; Bogat, Liang, & Rigol-Dahn, 2008; *The Effectiveness of Youth Mentoring Programmes in New Zealand*, 2010) that fosters positive outcomes.

Waller et al. (1999), explain that social support during pregnancy, includes encouragement to maintain good nutrition and regular prenatal care that is associated with healthy birth outcomes. Encouragement to continue with education can break the cycle of poverty. Emotional support is associated with reduced stress levels in young mothers, and education about child development and parenting skills seems to reduce the incidence of child maltreatment. Just as social isolation is a risk factor for young mothers and their children, the social support that mentoring relationships provides can lead to positive outcomes.

### **Teen parenting education**

Teenage pregnancy often interrupts education, training and employment pathways and pursuing education opportunities is identified as important to young mother's socio-economic wellbeing (Families Commission, 2011). Within Aotearoa New Zealand there are several positive supports offered to teen mothers as a means to continue their educational attainment and work towards their future career goals, such as, Teen Parenting Units (TPU). The first TPU was established in Porirua, Wellington in 1994 and was initially funded by the Ministry of Justice (Education Review Office, 2014). Since then, the Ministry of Education has established policies for founding, managing and resourcing TPUs, now funding 25 education amenities around Aotearoa for pregnant and parenting young people to support in educational continuation and promote positive educational outcomes for the mother and her child. TPUs are separate units that are governed by mainstream high schools. Even though the TPU is usually sited within the governing school, in some cases it is in another location (Education Review Office, 2018). Along with educational

support the TPU students receive wrap-around support, pastoral care, mentoring and additional lifestyle courses, such as, budgeting and personal development. TPUs also provide early childhood education services that are often on-site, and commonly have close links with other community programmes, such as, home-visiting services, family doctors, and Well Child/Tamariki Ora health checks for the children (Vaithianathan, Maloney, Wilson, Staneva, & Jiang, 2017).

A recent review of 24 TPU's conducted by Education Review Office (2018) highlights that TPUs are generally effective for young mothers who have a lower tendency to complete their school qualifications. TPUs promotion of positive outcomes for teen parents are recognised as contributing toward the reduction of the school enrolment gap between young mothers and young women who do not give birth and improve the NCEA achievement levels of the young mothers who are enrolled. The positive culture and enactment of values in the highly effective TPUs supported the notion of ako, through mutual learning and teaching by the students and teachers. Students who attend TPU's have increased access to programmes that have to do with life skills, parenting, leadership, goal setting, and time management. Findings from the research by the Education Review Office (2018) show that new students were also introduced to multiple health, social and educational services that were provided either onsite or locally.

### **Mental health**

Teen mothers represent a vulnerable group of parents for many reasons other than age (SmithBattle & Freed, 2016). For example, many teen mothers often have undergone childhood experiences of instability, stress and social inequity, from the level of schooling, social support, and neighbourhoods they reside in, that are often weakened and devalued by high unemployment rates, crime, and violence. The 2015 Report on Maternity released by the Ministry of Health (2010) explains that only three percent of teen mothers lived in the most affluent suburbs, compared to 53 percent in the most deprived communities. Research has shown that along with early pregnancy, childhood adversities are compounded with financial, emotional, psychological stress, and separation from cultural grounding and whānau supports (Allen & Clarke,

2019; Reid et al., 2017) thus making teen parents more susceptible to depression during pregnancy and in later life and exhibiting signs of post-traumatic stress.

Hurd and Zimmerman (2010) have found that researchers have pinpointed social support as a predictor of psychological outcomes amongst adolescent mothers. Researchers have found that adolescents who report low levels of social support during pregnancy experience poorer health throughout their pregnancy and post-pregnancy and have highlighted greater symptoms of depression compared with pregnant teens with higher levels of support. Hurd and Zimmerman (2010) noted that although most studies of social support and maternal well-being have concentrated on the support provided by adolescent mothers' parents and/or romantic partners, some studies have examined the potential positive effects of relationships with non-parental supportive adults on adolescent mothers' psychological well-being

In 2011, the Ministry of Health published guidelines for developing perinatal and infant mental health services in New Zealand. The reasoning behind this strategy was derived from a broad body of research, showing that the onset of mental illness for women has been shown to be higher around the time of childbirth. The Ministry for Women's literature review (Ministry for Women, 2018) found that during the time of childbirth, women are particularly at risk for an onset of mood disorders, coupled with possible mental illness during pregnancy and the postpartum period has been shown to have a detrimental effect on the emerging mother-infant relationship and other family and whānau relationships. It is proven that this onset of mental illness contributes to the delayed social and emotional development and/or significant behavioural problems for the child/ren (Hook et al., 2007; Patel & Sen, 2012). Studies have shown that poor early social, emotional and behavioural development for infants is a predictor for early school failure which has shown to affect later school achievement. Social, emotional and/or behavioural problems that emerge during early childhood have been associated with mental illness, chronic health problems, unemployment and offending that may persist into adulthood (Ministry of Health, 2011).

Early adverse environments often have a cluster of risk factors that co-occur with maternal mental illness and/or Alcohol and Other Drug (AOD) problems, such as, prematurity, poverty, and domestic violence. These risk factors threaten the mother's psychological wellbeing and, in turn, the emerging mother-infant relationship. Early intervention builds strength and resilience, which can reduce the need for later high-cost interventions for both mother and infant (Ministry of Health, 2011; Ministry for Women, 2018).

The findings from the research conducted by Johnson and Denny (2007) based on The Health and Wellbeing Survey conducted in 2007 with Secondary School Students attending TPU's in Aotearoa showed that less than a quarter (23 percent) of the TPU students reported that they were happy or satisfied with their lives and only half (51 percent) reported good wellbeing as measured by the WHO-5. Approximately 26 percent of the TPU students reported significant levels of depressive symptoms. This rate is notably high, in the 2001 national youth health survey (Adolescent Health Research Group, 2001) the rate of significant depressive symptoms in the wider secondary school female student population was 18 percent (Adolescent Health Research Group 2003). The level of depressive symptoms reported by TPU students was thus about 50 percent higher than their peers without children in mainstream schools. Deliberate self-harm was reported by almost a third (30 percent) of the TPU students. Suicidal thoughts and behaviours were also notably common amongst the young women attending Teen Parent Units. Some 35 percent of the TPU students reported serious thoughts of suicide within the previous twelve months and 12 percent had made a suicide attempt at that time. This is three times the rate reported by the general population of female students aged 17 or over who were attending secondary schools in 2001 (Adolescent Health Research Group 2003).

The research has shown that there are many factors that contribute to mental health issues among pregnant and parenting teens. As stated by Ministry for Women (2018) rejection from school, lack of family support, housing difficulties, poverty, isolation, exhaustion, self-doubt, low self-esteem, and

social stigma still create barriers to equitable outcomes for these teens and their children.

A study conducted by Boulden (2010) found that participants all felt scrutinised and judged by strangers. They expressed a strong need to disprove the stereotypes and show their capabilities as a mother. Teen mothers perceive the negative judgement as a risk factor they must defend against by demonstrating to their communities and wider society that they are perfect parents and meet the parenting standards forced upon them. The Ministry of Health (2015) identified feeding problems, excessive crying and parents' response to that, relationship problems, attachment issues, behavioural problems and developmental disabilities as contributors to poor parental mental health and stress. It notes that the incidence of non-accidental head injury is particularly high among Māori, who also have a higher rate of mental illness generally. The Ministry of Health (2015) guidelines aimed to support and promote positive family relationships and the social and emotional development of the children of parents with mental health and/or addiction issues. These guidelines are based on the foundation that a mental health diagnosis is likely to be only one of the components that contribute to the overall vulnerability of a Teen Mother and her whānau. Mothers with significant mental health issues are also more likely to encounter family disturbances and tensions, as well as single-parent status, social isolation, financial problems and other stressors that are associated with living in poverty.

### **Mental health for teen mothers**

The mental wellbeing of a teen mother is of extreme importance, the transmission of psychological vulnerability from one generation to the next begins prenatally (Smith Battle & Freed, 2016) and accumulates as mother and child are exposed to potentially toxic environments and adverse events. It has been argued that one of the major risk factors for teen mothers is poor mental health (Casale, 2013; McArthur & Barry, 2013; SmithBattle & Freed, 2016). Depression and anxiety among teen mothers can occur for a variety of reasons. A study carried out by McArthur and Barry (2013) noted that many teen mothers experienced mental health issues, financial stress or hardship,

unstable and inadequate housing and they relied on public transport, all of which can be barriers to accessing support services. Some mothers had limited social networks or did not have family and friends who could assist with parenting and childcare. Many did not access activities, such as, playgroups and mothers' groups because they felt they did not 'fit in' (Ministry for Women, 2018). Several studies have suggested that early motherhood may be related to poorer mental health outcomes. For example, findings from a study by Boden, Fergusson, and Horwood (2008) showed that adolescent mothers experienced a significant increase in depressive symptoms in the first year of motherhood. Research by Hipwell, Murray, Xiong, Stepp, and Keenan (2016) suggests that many studies have shown that postpartum adolescents show elevated rates of depression, with some reports as high as 56 percent. This compares with rates of 10–15 percent depression that is prevalent among postpartum adults, and rates below 10 percent among non-childbearing female adolescents.

Although mental health issues are common in Aotearoa through the many stages of life, accessing services for mental health tend to hold a stigma, yet coupled with many other barriers, such as, transport, cost and lack of time due to the demands of parenting, schooling and work make engaging in mental health services more difficult (SmithBattle & Freed, 2016). This stigma contributes to teen mothers' reluctance in approaching and receiving services. Despite this stigma, attaining this support is vital for teen mothers. According to LePlatte, Rosenblum, Stanton, Miller, and Muzik (2012) "adolescent mothers are twice as likely as adult mothers to experience depression". Teen mothers are identified as a vulnerable group and are more susceptible to experiencing mental health difficulties (SmithBattle & Freed, 2016), such as, depression, alcohol, and drug dependency and post-traumatic stress. There are protective factors that contribute to the reduction of adverse childhood experiences and protect mental health (SmithBattle & Freed, 2016). Family and partner support, positive childhood experiences combined with a teen mother with goals and aspirations for herself and her child have been observed as protective factors that contribute to the strengths and resilience of the mother and her child.

## **Conclusion**

In conclusion, traditional Māori birthing and parenting practices were steeped in tradition and were based on teachings that were passed down from Ātua Māori and tīpuna birthing rites linking Māori with their land, and their ancestors. Parenting was carried out with the support of the whole whānau, enabling the child to develop a strong underpinning of identity and belonging. However, research has shown us that the results of colonisation witnessed traditional practices that gave way to Westernised views and beliefs and inherently what became normality in relation to birthing practices and parenting in Aotearoa New Zealand, for example, where birthing in a traditional manner was seen as tapu and was carried out with the support of whānau evolving into pregnancy that was viewed as an illness, with birthing taking place isolated from the family in a hospital and under sedation with increased medical intervention.

Subsequently Māori birthing and parenting have both changed over time, the importance once placed on childbirth as a continuation of whānau ties and more recently, the dominant discourse-based paradigm associated with teen mothers tends to take more of a negative stance, claiming that there are higher risks of negative outcomes in terms of educational attainment, breakdown in relationships, financial hardships and much more. Researchers have predicted that these adverse outcomes then stream down and affect the outcomes of their child. However, while looking at the concepts within awhinatanga, such as, ako, and whānaungatanga a teen mother has the appropriate supports in place to build a strong foundation for herself and her child/ren to achieve positive outcomes.



## **Chapter 3: Methodology and Research Strategy**

*Poipoia te kakano kia puawai*

*Nurture the seed and it will blossom*

### **Introduction**

This chapter will explain the philosophical frameworks that were used in this research to gain participants, complete the data collection, analyse the data and the extraction of the quotes from the experiences the participants shared. This chapter sets out to explain why these models were selected and how they provided the foundation for this research.

The philosophical underpinnings that were implemented in this research proceed and flow from the data collection through to the analysis involve the Māori centred approach; the Pūrākau; and the Youth Development Strategy Aotearoa (YDSA). These approaches and theories combined to ensure that the research held validity and that the mana of the teen mother sharing her story and experiences was honored and upheld. They encouraged research in a way that considered the cultural ideals while enabling the participants to express their stories, to convey their messages, embody their experiences and keep their cultural notions intact (Lee, 2005).

### **Qualitative methodology**

Qualitative research is a type of scientific research. It consists of an investigation that, seeks answers to a question; it systematically uses a predefined set of procedures to answer the question; collects evidence; produces findings that were not determined in advance; and produces findings that are applicable beyond the immediate boundaries of the study (Mack, Woodsong, Macqueen, Guest, & Namey, 2005). Regarding the previously mentioned features, the interviews incorporated a qualitative narrative methodology. The interviews were recorded using a mobile phone and then later were transcribed verbatim by myself.

The face-to-face method was selected as the preferred method to conduct the interviews as several Māori researchers see the qualitative methods as particularly well suited to Māori. This method is seen as enabling a more equal conversation to take place where power can be negotiated in ways that are

not generally considered or thought possible in more quantitative approaches (Barnes, 2000). The qualitative research method has strength in its capacity as an exploratory method that offers in-depth descriptions of the way people act, operate, behave or work in certain situations, and how people perceive or make sense of a certain issue or experience (Austin & Sutton, 2014). The qualitative approach provides information about the 'human' side of an issue. This includes the often-ambiguous behaviours, beliefs, opinions, emotions, and relationships between individuals. This method of research is also seen to be effective in distinguishing unquantifiable factors, such as, social norms, socioeconomic status, gender roles, ethnicity, and religion, wherein the role it plays as it relates to the research issue may not be instantly obvious. In contrast to quantitative approaches, which aim towards objectivity, within qualitative research it is acknowledged that a researcher's perception of participants' experiences affects the research process and the subsequent data findings (Bogat, Liang & Rigol-Dahn, 2008).

### **Māori centred research**

Interviews were guided by a Māori centred approach to ensure that the Māori language and culture could be valued as it is. Employing a Māori centred research approach guaranteed valuing Māori voices and perspectives, including their diversity; looking to the culture and the people for ways to improve the well-being of Māori; ensuring that research gives back to the people and culture, for the benefit of future generations (Tibble & Ussher, 2012). As Walsh-Mooney (2009) stated the Māori centred research approach asserts a Māori philosophy and worldview whilst ensuring that Māori are the main participants of the research and it also has a level of acceptance as it relates to western approaches and also ensures they are taken into account as part of the research processes.

A Māori centred approach has been utilised with respect to tikanga which included whānaungatanga – getting to know one another before beginning the interview questions, offering karakia (prayer) prior to starting the interview to contribute to a safe and nurturing space and karakia upon completion to close off the space and to recognise the ending of the pūrākau shared. Koha was

given to each participant to acknowledge their time and the sharing of their pūrākau and expertise in regard to the research topic.

The face to face interviews were selected as the preferred data collection process. As outlined by Walsh-Mooney (2009) face to face collaboration with one another allows key communication advantages throughout the interview, for example, responding to non-verbal expressions, such as, body language or facial expression. Face to face interviews also allow the sharing of kai as a form of whānaungatanga.

Additionally, a Māori centred approach also allows protection for the participants to go at their own pace, to stop at any time during the interview and to have access to their supports before, during and after the process.

### **Pūrākau**

An interview guide was designed to act as a tool throughout the interviews and data collection, however, the interviews were guided by a pūrākau approach. Lee (2005) noted that pūrākau is embedded in the Māori language and it highlights the importance of 'stories' in the Māori culture, it signals the way in which pūrākau were viewed as central in the connecting, nurturing, sustaining and flourishing of our people. Pūrākau as a research method is seen to be firmly grounded in experience and knowledge. Although pūrākau is an oral tradition it continues to provide the stimulus to write, create and research in ways that are culturally sensitive and responsive (Lee, 2005). Traditionally pūrākau was a communal activity, which held cultural narratives that created knowledge, understanding, and inspiration about the natural, social and spiritual worlds (Lee, 2005).

"Like most stories, pūrākau allows multiple perspectives. Deeper understandings of the pūrākau may not emerge immediately, the relevance will vary according to the listener and their experience" (Lee, 2005). However, it is noted that a pūrākau research approach may not be specific in purpose or provide the 'answers', rather it will inspire the reader to continue to consider and think more deeply about the issues and the story. Pūrākau continues to be crucial to the Māori identity, sustainability and flourishing for Māori individuals and communities. Pūrākau enabled the continuation of whānau to

articulate expectations along with cultural practices, build whānau resiliency and wellbeing, it provides faith and motivation, and encourages shared responsibilities and support (Lee, 2009).

Utilising pūrākau throughout the interviews provided the participants with the opportunity to provide their own perspectives and interpretation of their experiences regarding pregnancy, and parenting and mentoring services. In line with the storytelling methodology, the participants were able to shape the direction the interview takes. This enabled participants to introduce issues, ideas, and topics that may not have initially been thought of while developing this research (Baker & Edwards, 2012).

### **Youth Strategy Development Aotearoa (YSDA)**

As all participants for this research were between 16 and 19 years of age, selected principles from the Youth Development Strategy Aotearoa (YDSA) were incorporated into the methodological framework. The YDSA is about how government, organisations, and society can support young people between the ages of 12 and 24, it details the aspects of development, and the skills and attitudes young people may need to possess to take a positive part in society, now and in the future (Ministry of Youth Affairs, 2002). The YDSA endorses the application of a youth development approach as a way to understand what needs to happen for, around and with young people in New Zealand.

The following YDSA principles underpinned the research project at each phase.

Principle 1: Youth development is shaped by the 'big picture' meaning the values and belief systems; the social, cultural, economic contexts and trends. The 'big picture' will be upheld by guaranteeing that all participants are fully informed regarding the details of the research. The participants will know that they have the right to opt out at any time before the completion of the interview. The participants will be given the opportunity to read over their transcripts and make any amendments they wish. By taking part in this research, it will allow the participants to have a sense of autonomy and contribute to society and to the further development of mentoring services (Ministry of Youth Affairs, 2002).

Principle 2: This principle involves young people being connected; it allows for young people to be connected to whānau, peer groups, communities, and support systems and agencies. This principle was present through the engagement of young people who are currently engaged in mentoring services. Counselling and supports were on offer for a teen mother if through their participation in the research it brought up any unresolved issues or unresolved feelings for them.

Principle 3: This principle involves the use of the strengths-based approach while engaging with young people. The strengths-based approach was used by honouring the participants' story and their experience.

Principle 4: This principle involves the underpinning value of youth development and includes quality relationships, building rapport, ensuring that the young person feels and knows that they are safe within the activity or environment. This ensures that the meeting place where the interview was to be conducted provided a safe and confidential space and was easily accessible to the teen mother.

Principle 5: This principle explains that youth development is triggered as young people fully participate since young people would like to have the opportunity to have greater control. This will be accomplished through utilizing a storytelling approach, where the young people can guide the shape in which the interview progresses. This is achieved by bringing forward points that may not have initially been thought of in the planning of this research.

Principle 6: This principle involves youth development and it necessitates good information, effective research, evaluation, and information gathering (Ministry of Youth Affairs, 2002; Ministry of youth development, 2004; Youthline Charitable Trust, 2009)

## **Participants**

Six participants were identified for this research through a purposeful sampling strategy. This recruitment process involved identifying participants who met the predetermined criteria, that included the following:

They identified themselves as Māori descent.

They were between 16 and 19 years of age.

The participant would have been engaged in a mentoring relationship as a mentee for at least six months.

Māori teens have been identified as the key group of interest for this research as previously mentioned, since the statistics for Māori teen pregnancy remains higher than that of European and non-Māori counterparts.

Each participant would have had a mentoring engagement for a minimum period of six months. The teen mother and her mentor would have been able to establish a 'mentoring relationship'. The mentor/mentee would have navigated through the stages of forming, challenging and being in the 'growing' stage as discussed in the mentoring section. As previously mentioned Bogat et al. (2008), asserted that about one-fourth of formal mentoring relationships do not progress beyond the initiation phase.

The participant recruitment took place on two avenues which involved approaching youth development organisations and asking for information to be dispersed among their clients engaged with the service, and via an online advertisement through Facebook and online community notice boards.

To gain potential participants I approached several organisations within Auckland that work with teen mothers and their children. Within the organisations I approached I identified a key informant to liaise with. Each key informant was knowledgeable about their past and present programme participants.

The eligible participants were identified and approached by the key informant and provided with information outlining the research aims and what was involved if they agreed to take part. The potential participants were provided with my contact details, so they could make direct contact if they wished to participate.

The participants were also found through online forums, such as, community notice boards and Facebook groups. A short blurb explaining the research project was posted to several online mediums, encouraging potential participants to make contact via phone, direct messaging or email if they were interested or required more information.

Once the initial contact was made, further information was sent to the potential participants to read over and follow up with any queries they had.

The majority of participants were acquired through this method. One participant was gained through approaching organisations while the remaining five were sourced through social media and online forums. Social media proved to be an easier way to engage with potential participants as many young people tend to be on social media and it allows for research information to be shared and passed onto others easily.

Once I established contact with the potential participants, we identified a suitable time and place to conduct the interview. The interviews took place in a variety of locations, for example, a local community center and a library, in a location suitable to the participant.

Six face-to-face interviews were conducted with Māori teen mothers. This sample size offered an insight into the experiences of Māori Teen mothers while they were engaging in mentoring relationships, As Baker and Edwards (2012) noted, the sample size depends on the nature of the research problem. If the sample size is too small, statistical tests would not be able to identify significant relationships within the collected data. Research involving sample sizes that Baker and Edwards (2012) conducted describe the use of sample size calculations that have a direct influence on the research findings. Very small samples undermine the internal and external validity of a study. For a more accurate understanding of mentoring experiences for Māori teen mothers, a larger sample size from a wider geographical area would be more beneficial as it would be possible to draw more robust conclusions from a larger sample size.

The interview focused on the teen mothers' experiences related to family, parenting and engaging with mentoring services. The interviews were

conducted at local community centres and libraries that were suitable for the teen mother to access and at mutually convenient times. Conducting the interviews at community centres and library rooms ensured that the locations were within a public setting that was safe and offered a confidential meeting space. This ensured that the interviews could be conducted free of interruptions and in an environment where a quality audio recording could be achieved.

### **Thematic analysis**

Since I personally transcribed the interview recordings this allowed me the opportunity to become familiar with the narratives and connect with the stories that were shared on a deeper level (Moen, 2006). I read each transcript thoroughly and coded it to ensure a good capture of the patterns and themes as well as the novel or unique characteristics of the individual transcripts since the coding took place in two parts (Gibbs, 2012). First of all, the transcripts were read through and coded according to four wider themes about disclosing the pregnancy to family and friends, the experiences through the pregnancy, the experiences through parenting, the definitions of a mentor and the goals moving forward. Subsequently, the subcategories were identified which included mental health, the mentoring experiences, and the experiences during the pregnancy as well as parenting, education and support systems. Throughout the coding process the narratives and data extracts were identified which later related to the existing literature and provided a deeper understanding in relation to my thesis topic 'Māori Teen mothers: Experiences of Mentoring'.

### **Reflections**

Initially, it was preferred that the participants would be sourced from stand-alone community mentoring organisations where mentors are community-based volunteers. This was favored as the relationship dynamics will differ from relationships held with natural mentors and mentors sourced through contractual or Youth Development Programmes. However, gaining participants engaged with stand-alone mentoring was difficult due to the limited initiatives I was able to identify within Auckland, along with the time



restraints and staff availability to liaise with potential participants. The time restraints coupled with the fact that teen mothers had other commitments, such as, the demands they had based on their parenting responsibilities, and school and work commitments made the interview process more difficult. Initially, I had wanted to complete six to eight face-to-face interviews but found identifying participants, recruiting them and completing the interviews within the given time frame was difficult.

Social media and online platforms were utilised as a secondary medium to recruit the participants, this came with further layers to navigate, such as, sifting through the potential participants to ensure that they met the prescribed criteria. However, I feel this recruitment method was beneficial since it allowed a wider demographic area of Auckland to be reached and those with a more robust background while ensuring a wide variety of mentoring experiences were spoken about.

Several limitations can be identified in this research. These include yet are not limited to, the number of participants that have taken part; the demographics of the selected participants; and the limited experience held by myself in relation to and understanding of Te Ao Māori as I had also just started on a journey of deeper self-discovery around 'where I am from, and ' who am I' both as a researcher and as a Māori.

It is acknowledged that researcher bias may be evident within this process, such as, ways in which personal perceptions affect the research process, including data interpretation Bogat, Liang, and Rigol-Dahn (2008). Approaches for dealing with potential bias throughout this research were implemented through making biases overtly known and embracing the role of a researcher as a co-constructor of meaning (Bogat, et al., 2008).

### **Ethical considerations**

This research project was submitted to and approved by the Massey University Human Ethics Committee prior to the fieldwork commencing (MUHEC approval NOR 18/41). Several ethical issues required careful attention, such as, the processes for recruiting the participants, confidentiality and ensuring the cultural, physical and emotional safety of the participants.

Counselling services were readily available for participants, through the availability of a charged and topped up mobile phone, which the participants were free to use to phone whānau, a friend or support person to talk to about issues arising. Wallet cards for 0800 free phone counselling services were provided to the participants before the interview began.

Respect for participants was maintained by regarding individuals' dignity, beliefs, privacy, and autonomy. This was facilitated by acknowledging and respecting the right of the participants to choose to be involved in the research and to withdraw at any time. The way the participants were selected for the research, as mentioned in the recruitment process, allowed for voluntary participation.

The participants were encouraged to find a babysitter to care for their child or children while the interviews were being conducted, however, it was acknowledged that this may not be a possibility due to availability of supports, the age of baby, breastfeeding and other needs of their children. In the case of three participants, a babysitter was not available, so care was taken to schedule the interviews around times when a family member or friend would be available to come along and care for their pēpi while we were conducting the interview. This allowed for mum to be able to take part in the interview but have her baby nearby should he wake up or need breastfeeding. For the participants who brought their children along to the interviews they were given the space and time to care for baby as they needed, such as, breastfeeding through their interview, along with the choice of pausing the interview if they wanted to.

In the case of toddlers' attending the interview with their mum, I took along snacks, reading books, felts, pens and colouring in activities in order to keep the young children occupied. As the majority of interviews were conducted at local libraries there were also options to utilise loan library books, puzzles and games.

All of the participants were aware that confidentiality may be breached if concerns of safety were identified for either the Teen Mother or her child/ren. This aspect was discussed with each participant before commencing the

interview. All identifying information collected in the process of this research was kept confidential, through the selection of a pseudonym in the interview. These pseudonyms were utilized while I was extracting the selected narratives.

All the recordings and transcripts from the research have been stored in a password protected word document on a password protected USB stick.

## **Conclusion**

I have outlined the philosophical theories and approaches that have been utilized as a part of this research. All the approaches and theories that were implemented were to ensure the authenticity of this research and also to ensure that the mana and safety of both the participants, and myself as the researcher, were upheld. The Māori Centred approach and Kaupapa Māori Theory ensured that the cultural wellbeing was maintained while recruiting the participants and undertaking the face-to-face interviews. Through the use of Pūrākau Theory experiences, the passing of the knowledge and experiences of the participants was captured and shared as a whole. Integrating the Youth Development Strategy Aotearoa into the philosophical underpinnings of the research, assured that the teen mothers who participated in the interviews had done so in a manner that encouraged them to be included in the bigger picture, and ensured they felt connected and safe as they had the opportunity to link into further support if they required it.

## Chapter Four: Findings

*E koekoe te tui, e ketekete te kaka, e kuku te kereru.*

*The tui sings, the kaka chatters, the pigeon coos. Although all unique, we each have a voice.*

### Introduction

The following chapter shares the experiences and perspectives of Māori teen mothers through their journey of pregnancy and subsequent parenting. This chapter comprises five sections: 1) Experiences of disclosing pregnancy to their whānau; 2) experiences of pregnancy; 3) journey of parenting thus far; 4) whānaungatanga and awhinatanga, and 5) goals moving forward.

Six interviews were conducted with teen mothers who all identified as Māori. The participants ranged in age from 16 to 19 years of age at the time the interviews took place. While two of the participants had two children under the age of three at the time of the interviews, the remaining four participants each had one child between three months to two and a half years old. At the birth of their first child, the age of the mothers ranged from 14 to 18, Tina was 14; Jenny 15; Catherine 16; Lena 16; Taylor 17; and Carol was 18.

The following extracts have been drawn from interviews where a 'storytelling or a pūrākau' approach was taken, as outlined in Chapter three: Research and Methodology.

### Before pregnancy

Most of the participants shared that their first pregnancy was unplanned. When asked about how life was before falling pregnant, Catherine stated:

*Um, I was living with my mum and my siblings at the time, drugs and that were involved... before I became pregnant like my household was pretty much full of drugs and alcohol, so I was living and brought up in that type of environment.*

*(Catherine)*

Jenny shared about meeting the father of her child:

*We met in year 7, we were going out from year 8. I guess having a dad who didn't care what you did, it was easy to get into a relationship ... my childhood has a lot to play in me getting pregnant at a young age, like they didn't really care what you did, what time you came home, so you were just free all the time, you could just go out and do all that stuff.*

*(Jenny)*

Jenny continued to share about her peer group before pregnancy:

*It was just hard (growing up), I grew up in that life and dad was never really around ever and when I did see him, he was either high or drunk and we never really got to talk...before I fell pregnant...my parents thought I was a goodie good, they didn't imagine me getting pregnant really young, but I guess cause I hung out with a crowd that was really outgoing and liked going out... I sort of got into it and started meeting boys and I think the atmosphere was better for me I felt accepted in it sort of thing.*

*(Jenny)*

Reflecting on her childhood, Jenny continues:

*[Being part of a] family with [a gang]affiliation is so different it's so weird they give you all the freedom you need, you wouldn't expect a normal parent would give you cause I never had boundaries and rules and stuff like that it was just like go hard, and when you were growing up were you like this is cool. When I was a little kid growing up like I thought it was cool until I grew up a bit and would go over to [my] friend's house and they would all have dinner at once and hit the table together and seeing like a normal relationship with their parents and them happy and stuff it made me aware of how bad my childhood was and how far away from normal my life was actually made me feel really sad and different like sort of left out.*

*(Jenny)*

## **Telling whānau of pregnancy**

All the participants in this study were living at home with whānau prior to finding out they were pregnant. They shared their pūrākau around telling whānau of their pregnancy.

Lena explained:

*So yeah, she (aunty) went to go get it (pregnancy test) for me and we came home and took it, the first one said positive, I was pregnant it had the 2 lines and then I was like no let's try again in a few more minutes. It's so hard to tell them. I was so scared. I was like that's the last thing (I wanted to do) cause like my whole family is judgemental so I was actually really scared and sad.*

(Lena)

Taylor said of telling her whānau:

*It wasn't an accident baby – I was in love I didn't know what life was. Yeah, I was like at the front door at Dad's house about to leave and I was just like this is the perfect time we're about to leave but I was just like ahhhhh I can't say it like (I was) freaking out, I was just crying. Then my sister told (the) family, like first I was gonna kill her but then it was easier cause I didn't have to tell them.*

(Taylor)

In Jenny's instance, due to her upbringing, her unexpected pregnancy was not an issue for her parents and partners whānau:

*When I got pregnant, I wasn't really scared to tell my parents just cause they were so chill with me from an early stage and still were chill, so I didn't feel hurt at all at their reaction, cause it was the sort of reaction that I was expecting. I didn't sit them down and be like I'm pregnant we were just having dinner this one time and I was like oh yeah, I'm pregnant by the way. My mum was more like disappointed in me, but my dad didn't really care, he was just like oh yeah, that's cool. His*

*(father of the child) family was like okay with it too, both of our families were okay with it, it was so weird.*

*(Jenny)*

Jenny explained that although her parents were very accepting of her pregnancy, she felt otherwise stating:

*I was really disappointed in myself, like really, really disappointed in myself cause I never imagined that I would get pregnant... I was regretting it like I was saying (to myself) I thought I was safe and all this stuff but I knew that I wasn't I was just in denial about it all, I wasn't accepting it so it was a rough phase for me.*

*(Jenny)*

### **Pregnancy**

Respectively, all the mothers who participated in this study went through their own unique experience of pregnancy.

*Well I was quite suicidal through my pregnancy, so I tried not to work and ended up going insane – it was a really bad idea, but I had to work for my mental health. Me and my baby's father broke up, so I was alone for most of it, I didn't really talk to my family through that stage I just finished rebelling as a teenager 14, 15 and then at 16 I had my spiritual awakening and wanted to sort out my life and have kids to get it over and done with you know and stuff so I didn't really like to talk to them cause I thought I disappointed them in a way. I was pretty alone, I felt alone.*

*(Carol)*

Throughout the nine months of their pregnancy, each of the young mothers who were interviewed experienced hard times, such as, feeling judged by members of the public, feeling excluded by peers, and strain in their support relationships, such as, with their whānau and with the father of their child. A few of the participants recalled situations where judgment was present.

*Yeah, I went through a lot of situations where I would get judged by certain people, like there was this one time I went to Denny's I was wearing a jumper and trying to cover my bump, but I think they had seen my bump. This waitress asked me how old I was, and I said 16 and they would just stare at my stomach... it made me feel really uncomfortable and then she went to the back and I could see her eyeing me up and talking to her co-worker.*

*(Jenny)*

Although Tina attended a school that had an onsite Teen Parenting Unit, designed to support young mothers with their education by providing wrap-around support, smaller classroom sizes and a day-care situated close, Tina explained:

*They are like isn't she old, what is she doing here? I'm like, I'm not old I'm your age. I think if your gonna have a teen parent unit their students should also be educated.*

*(Tina)*

Occasionally Tina would attend classes within the mainstream school that hosted the Teen Parenting Unit. She felt that a lot of the students in the mainstream school lacked education and understanding around the aim of the Teen Parenting Unit.

### **Support systems through pregnancy**

The mothers spoke about people who had supported them through pregnancy. Although many of the experiences the participants had through their pregnancy were not easy, they were able to identify individuals who had supported them. Jenny explained that becoming pregnant was beneficial for the relationship between herself and her family members, such as, her Dad:



*It changed a lot. (My) Dad started coming around more he just got really attached to baby and now he just loves being with (baby) he always calls up and sees if baby can come over.*

*(Jenny)*

*She, (mentor figure) helped me with my first pregnancy as well she was there from day one... We had just gotten back from camp and the day we got back from camp she took me to the pharmacy, to just like to see, like to check, if it was true.*

*(Catherine)*

Carol recalls her family became closer as a result of her child:

*So, before we were having family problems and after I gave birth everyone just came closer and we've been kind of tight, tighter now.*

*(Carol)*

Each participant was able to identify support systems that they had during their pregnancy. These supports were received from varying people, such as, whānau members, teachers, mentors or others within their networks.

## **Challenges**

The majority of the mothers interviewed spoke about their journey of parenting and how they have found themselves in both positive and negative situations as a result of parenting in their adolescent years.

*At church they would say things to me when I brought baby to church with my mum, people would just look at me weirdly. I think the stares got to me a lot, people just staring, so I was just held back from going out a lot with baby... I never actually know what to wear with baby, I just didn't know, I didn't feel comfortable in my body to go back to what I like, stuff like this (gestures to clothes) I would feel super uncomfortable about myself, about my body and yeah, I just didn't want anything to do with the world aye, I closed myself out and I just stayed off the radar.*

(Jenny)

Through the judgment Jenny felt at church from others this led her to isolate herself and baby and lose self-confidence and identity.

Tina also shared an experience from parenting:

*Sometimes I would feel a bit insecure and I would stay home for like a week... Sometimes it was just like feeling like oh I'm so fat.*

(Tina)

Although teen mothers experienced challenging times, they also acknowledged the positives that were brought about by the birth of their child, such as, bringing their whānau closer together, enabling them to grow as a person and a mother and giving them a sense of purpose.

Another key theme that was highlighted by a few mothers in this study was the financial hardship they experienced. Many shared that due to their age and current benefit restrictions they were not able to apply for financial assistance to provide for themselves and their unborn child.

Tina shared:

*I reckon its independence especially when you're really young... When you're really young, and have a baby and you can't get on the benefit, it's really hard to rely on your parents because you don't know what they're doing with the money. I didn't trust my mum, I didn't know where our money was going, we always ran out of milk. I would have to pawn in my laptop just to get him milk, that was one of the biggest struggles having baby way too young and not being able to go on the benefit.*

(Tina)

Carol explains:

*The system is good for the average teenager they are right in assuming [if] you're pregnant as a teenager you probably fudged up not in the way of having a kid (but) in the way of like where you [were] in life, to be put in that position. But back in the day it was normal to be pregnant at 12 now its normal to be pregnant at 30 ya know? Not for me like my great grandma had kids at 18 and my grandma had my dad at 16. I wanted it*

*done so while I'm learning I still have a fresh mind. I felt like that was my way.*

*(Carol)*

Tina shared that she found financial hardship was a barrier to her being able to parent her baby as she wanted. Although many mothers in this study identified financial hardship as a barrier to caring for themselves and baby, Lena found she had a wide range of people and organisations who supported her in gaining baby items.

*Everybody, my mums' relations, my Dad's relations were helping out, like baby things and it was easy I had heaps of support I didn't have to spend a cent on him, I didn't have to get anything. I was getting things... even new things, even from my doctor down the road... I got heaps of stuff from him.*

*(Lena)*

As in the pregnancy section of this chapter, a number of the young mothers spoke about their experiences of mental health throughout parenting.

*I had a rough patch when I had (baby) cause his real father wasn't locked up yet and I was finding out that she (my mum) was taking him to see him so I went through a rough patch with that. I went crazy and stayed on the streets and was just being a little shit not going to school, causing fights and drinking. Smoking drugs, so bad, stealing my mums' smokes... Got kicked out, my mum kicked me out.*

*(Tina)*

Jenny reflected that:

*The biggest challenge was raising baby as a single mother, yeah, that was the biggest challenge for me and when baby came along, I had really bad anxiety even though I felt like it was good that I had him, it was like when me and babies dad had broken up I went into a phase where like I didn't want to look at my baby like I didn't really want to hold him and stuff like that, like I always had issues cause being with him*

*alone I just couldn't, I just couldn't, it was like I got to the point where I had really really bad break downs and my mum had to come over*

Jenny continued to explain:

*We were living with baby's dad and we had broken up cause he like gapped it and left to his friends and left me and baby at his parent's house, so it was just me and baby there with his parents. It was really hard and I just felt really depressed and lonely and like especially when he had left and I was just like all baby by myself and the responsibility of looking after him was really overwhelming for me and just cause I was so new to the whole thing, I was like it got me really scared and like it was just, I don't know there were certain points where I would think of harming myself.*

*(Jenny)*

*Well I was quite pregnant and quite suicidal through my pregnancy, so I tried not to work, and I ended up going insane – it was a really bad idea, but I had to work for my mental health. That was quite hard. I was depressed... Baby had to put up with fights I put up with all of it, I didn't know what to do, ya know, I was 17 and just had a kid. I just want you (father of the child) to be in my life and help me with baby, I thought that was the best thing you do, stay with the dad, but no, that's not the way I figured out it's just better to get the fudge out of there so yeah.*

*(Taylor)*

*I don't really like asking for support ever since I like went through a stage of depression, yeah never again. It's really hard for me to go out and talk to someone. They ordered these people to talk to like mental blah blah and my aunty they just always told me you're not mentally okay, cause like I was going to the hospital and stuff like I didn't want to...It's not what I wanted to happen I just wanted someone to talk to but they went through police stages and all that stuff... Baby had to get a check out to see if he's bruised or not and his body was completely healthy. I was getting all these thousands of texts from heaps of people so that's why I don't text people anymore, cause I don't know who I'm*

*talking. I was just getting random as messages and I didn't know who was who and who I like approved of and stuff so I was all over the place.*  
(Lena)

As noted, a number of the participants found that pregnancy and other mitigating factors contributed negatively to their mental health. At the time Lena reached out for support, she was overwhelmed with a high number of services attempting to engage with her, which led her to decline much needed support for herself and her whānau.

### **Whānaungatanga**

The participants in this study were able to distinguish several key supports which in this case included whānau members, parents, peer groups, youth coaches and teachers. Some of the participants described their support system as positive and reassuring.

Once Catherine found out she was pregnant she was also losing the emotional and mental support of her mum:

*Yeah, so when I found out I was pregnant my mum... she went into a rehabiliate ward (because of) drugs and alcohol.*

(Catherine)

For Catherine, another relationship that had an impact on her throughout her pregnancy was her relationship with the father of her child. In talking about her relationship with the father of her child, following a rough patch in their relationship Catherine shared:

*With my first one (pregnancy) we had our ups and downs where he fell in love with another woman and that just broke my heart cause it was near the end of my pregnancy, to where (daughter) was due and I just didn't know how to handle it. (We were) seeing if we could work things out and be an actually family again, yeah my second one, the hardest thing about (son) was his biological father telling me to get an abortion, that was like one of the hardest that I had faced because I had never*

*been through an abortion or anything and I'm just glad that my first daughter's dad was able to accept him as his baby.*

*(Catherine)*

Catherine lost two critical supports during her pregnancy: her mum and her then partner. She expressed how losing these essential support systems left her in a space where she felt vulnerable and, in a place, where she didn't know how to deal with the emotions and heartbreak that arose.

*Being by myself, like not with a partner, I don't wanna be with him... Just with somebody, cause it's hard looking after baby by yourself, even though you have family around you and they say they support you... you just need someone where they just come and do it naturally, not just cause they are trying to help you if that makes sense. It doesn't seem like it's by myself. I do have help, but I don't see it that way, it's not the help that I like.*

*(Lena)*

Tina explained that attending a Teen Parenting unit gave her the chance to gain supports from tutors who embraced her and her children and gave her wrap-around support.

*My teachers at TPU, they helped me a lot... they were basically like my social worker, my counsellors, my everything, I always trusted them, all of them. We always go to them for help, especially financially, they support us financially, if we don't have like milk for our kids or anything, they will lend us money, we can pay it back, that's what I like about them. They are, they're the most, like the most supportive group there is ever. They have a daycare next door and a Kohanga and they took him to the day care while I studied at school. They pick us up from home and drop us off.*

*(Tina)*

Jenny who also attended a Teen parenting Unit spoke about how this environment offered her a safe and accepting environment.

*It (TPU) helped me. It helped me a lot actually. I felt more comfortable being around people that were going through the same thing as me cause at high school I couldn't really relate to anyone, I couldn't talk to them about how far along are you and stuff like that... do you get pains in your stomach and stuff like that. And people that have actually given birth that are still at TPU... you can talk to them. I didn't have that at my high school, so I just felt isolated from everyone.*

*(Jenny)*

Tina spoke about the support she receives from her partner and his parents,

*His family are there, oh well, for both of them, cause, he treats him like his own son. And so does his umm parents and that [is], cause, we told his parents. We just told them recently that (son) wasn't his, but we've been together ever since he turned one... but he didn't want to tell them, and I was like why? I don't care if they don't want to be there for him, they need to know and then he told them, and they were like it's alright he's still our grandson. So yeah (son) has them and (daughter) has them, they go over there all the time my partner's parents just rock up to my house and be like can we take them?*

*(Tina)*

Carol shared about her relationship with her family now and the bond she shares with her child.

*Now I have baby and I talk to my family and stuff I see how much support I could have had and cause I shut that out I see how much I lost and then umm so yeah so pregnancy was horrible, me and my partner were very toxic, so there was a lot of suicidal and very depressed [behavior] through my whole pregnancy, it was really a hard time and then umm yeah and then we got and then [the] birth was good was nice and easy.*

*(Carol)*

Although all of the mothers who participated in the interviews felt as if they had ample support from whānau, friends, teachers, and peers however they

shared that having additional support through mother support groups would have been beneficial

*That's what's hard the most is support groups, finding support groups was hard for us, well for me and my mum especially when you're in an area, especially when you're in an area with no support groups, so yeah, that's pretty hard.*

*(Tina)*

*If I was to go back and change one thing, I would wish that I had more support other than mum because I was draining her from having her own space, sometimes she got really tired, they didn't know what else to do,[what] to offer me. I wish it was more for me than...Just like that one on one cause I know that there was this thing baby's dad was going to, they would take them out and help them, like do different activities with them and I found that [was] so cool, but there was just nothing like that for mums, they (father of the child) would go on camps...but I just wish there were opportunities like that, that would be really cool... even if they went out for a feed or anything, it's just like the small things that matter.*

*(Jenny)*

*Like with him it was a bit easier cause mum was looking after him during the night time so I could get a full night's sleep but with this one I had to get up all the time, my partner helps me but sometimes, sometimes I have to yell at home, like get up, can you help, my gosh, he's like oh good okay, then I'll help, I'm like swearing at him*

*(Tina)*

### **Awhinatanga and mentoring support**

Although each of the participants had varied sources and amounts of support, a handful were able to identify what it was that would have supported them further in developing as a confident parent and what would have been helpful in terms of adding additional support in times of need.



*(Mentor) has helped me with a lot, like when we, she pushes me so I can face my barriers and fears, like that I'm scared of doing. She just encourages me to do things, do things that I haven't tried before. Cause for me I'm scared to try new things because I guess if it doesn't turn out how it's meant to be. I go to her and talk, she's like my one on one person that I would go to for advice and just like seek help through [talking with her] and just like speak what's on my mind so that I ain't doing suicidal things, like that type of talk, that one on one.*

*(Catherine)*

*I wish there was more for teen mums, like more support groups for them and like other stuff. I wish there was more support for our teen mums today, just cause I know there are so many that are still struggling and they have the support from their youth coaches, but it just doesn't go that extra mile for them, it doesn't go deep into helping and whatever they go through aside from financially helping them and stuff, like accommodating for like their needs instead of being there for them more sort of thing. I just wish there were more support groups for teen mums cause if there were, I reckon I would have gone to them just to help me through things. Having that one on one support as well as just helping them with baby like there's parenting courses, but it just stops there. I wish it was an on-going thing, like parenting courses was an ongoing thing, not just a 2- or 3-day sort of thing.*

*(Jenny)*

*Also, I reckon if teen mums are brought together and all learn the ways through motherhood I reckon it would be pretty cool cause you get to hear other people's story and stuff like that like umm Lani is probably the only person that I know [who] has gone through being a teen mum as well, but I knew she struggles too, she still struggles. I wish it was just more for us.*

(Jenny)

Each participant spoke about mentoring for them and what they defined as a mentor, along with the characteristics of a mentor that were important for them.

*Someone that guides you.*

(Lena)

*My definition of a mentor is someone that I can learn off, someone that is able to put themselves into someone else's shoes and really relates to them even if they haven't gone through the situation just being sympathetic. Someone that I can really trust.*

(Jenny)

*A mentor to me is supportive plus an education person. Yeah so supportive... always there for you and always helping you. With (an) educational mind and mentally wise, I reckon a mentor should always be there for you but not give you money and drive you around all the time. Someone you can always count on. I reckon especially in school, I reckon that some mentors should be in school to help young teen mums cause you can only get mentors through counselling.*

(Tina)

*I once had a lady called (name) she worked at (Organisation name) she was really nice, I don't remember names, but I remembered hers, because she was so cool. She's just the type of person that wasn't there for the bill, that wasn't there for the end of the payday, wasn't there cause it was an easy job, to work around kids or whatever, she was there fully just to help, she would go out of the way for me. If I didn't have enough money for food or anything, she would get me a food*

*voucher or whatever, without even asking, she was just there. Even one time I had another youth worker and she wasn't doing anything, so she went and did that youth worker's work. She's someone there that is actually wanting to be there, it's so hard to find... people aren't normally there for the oh my god I love kids, some of them do and some of them they don't they still have the mindset of its 5 o'clock I'll help you tomorrow kind of thing.*

*(Taylor)*

Mentors often play an influential part in the life of a young person, offering guidance, reassurance, engagement with a wider community, a sounding board for thoughts, ideas and opinions and offering practical support for young people. The connection that a young person has with a mentor is a key component to building a trusting, lasting relationship where the young person feels comfortable and confident that the person will be able to support them. These aspects that have been highlighted in pūrākau that were shared by the teen mothers have been described in the section above.

### **Goals moving forward**

Although many of the young mothers who were interviewed felt that their future goals and aspirations changed after they had their child, they acknowledged their goals moving forward and shared what they would like for the future for themselves and for their child/ren.

Jenny highlights:

*One of my ambitions right now, I'm working towards is to 'suss' out my full license, I want to get into the police force cause of the way I was, the family I was born into. I never really liked that kind of stuff I never took it in, people would only know me because of my dad being in a gang and I didn't want that, I didn't want people being like oh that's (name) she's from a family that does criminal. I think that's why I wanted to get into the police force or criminology. Just the whole thing of family stuff as well... it just has a lot to play in my life and that's what I want*

*from my future, to be different, I don't want my son to be raised in a broken home.*

*(Jenny)*

*I think I'm just gonna stay home and be a housewife, just focus on the kids, make sure they are going to school, that's what I'm excited for, aye. I told him (partner) I'm not having any more kids I want to plan our journey now, cause me and him are planning to travel with them (kids) so like, [we] wanna travel to Australia and go to all the cities and go on all those nice attractions.*

*(Tina)*

*Probably just bettering myself as a mum for the first time... I always wanted to make sure I never struggled with food or anything, just so that my kids know that they will always have food on the table for them.*

*(Catherine)*

Through the interviews with the young mothers in this study, it was apparent that the mothers have their child's best interest in mind, and they were determined to make the most of the situation they found themselves in now. Jenny has been able to find a balance in her life that allows her to be the best mother she can while also being able to maintain key relationships with peers.

*Yeah for me, my son [is] my best friend now, it's sort of weird like going through a phase where I couldn't accept it at all... that I love him so much, it's so different now, I do everything with my son and everything I do is for him. It's like learning from my own past experience, I don't want him to feel the way I have felt or go through what I have gone through just cause I know how difficult it was for me to get over it, I wouldn't wish what I've gone through upon anyone let alone my worst enemy. I've matured and have taken that time to grow as an individual and a mother, it's made me feel better about myself and being a mother. I have (had) a lot of friends that have come and gone and [the] people that have stayed have really helped me... just maintaining that normal*

*life aside from being a mother at home, I still get to do every other thing that I would have done if I didn't have a baby, I still get to do that.*

*(Jenny)*

## **Conclusion**

This chapter has shared the lived experiences and perspectives of the participants in the six interviews that were conducted with the Māori Teen mothers who identify as Māori. This findings chapter was broken down into five sections 1) Experiences of disclosing their pregnancy to their whānau; 2) Experiences of pregnancy; 3) Journey of parenting thus far; 4) Defining mentors, and 5) Goals moving forward. Each section has been presented according to the key themes that included telling their friends and family of their pregnancy; their own feelings around their pregnancy; their experiences within their communities; their support systems throughout pregnancy; their mental health during their pregnancy; their experience of financial hardship and their mental health in parenting. The key findings including the importance of support systems and mentoring, as well as mental health during pregnancy and parenting will be discussed more in-depth in the following chapter.

## **Chapter Five: Discussion and Analysis**

*Ma whero ma pango ka oti ai te mahi*

*With red and black the work will be complete*

### **Introduction**

This chapter will discuss the key findings that have been identified based on the interviews conducted with the participants, the Māori Teen mothers, as they spoke about their pregnancy experiences, and parenting and mentoring. The discussion and analysis in this chapter are comprised of a review of the relevant literature as previously presented in the literature review chapter along with the findings previously highlighted in the previous chapter.

This chapter will be presented in five sections. The first section will speak about the Māori teen mothers' experiences of their pregnancy, the difficulties they faced, and the key supports they had that contributed to easing and overcoming their obstacles. The second section will examine the findings related to parenting including the stigma they felt with respect to parenting at their respective ages. The third section will explore the participant's experiences of mentoring and what key attributes the participants used to define a mentor. Lastly, this chapter will explore the practical implications of the findings of this study as they relate to mentoring within the Social Work sector, and how the current supports can be further enhanced so they can become key support mechanisms for teen mothers and their child/ren.

### **Māori teen mothers' experiences of pregnancy**

As mentioned, traditionally for Māori whānau, the arrival of a child was celebrated, embraced and cherished (Ware et al., 2018) and the age of the mother was irrelevant as the hapū and iwi ties were strengthened, with many on hand to offer support in terms of parenting and caring for the child (Ware, Breheny, & Forster, 2018; Mikaere, 1994; Eruera & Ruwhiu, 2014). A review of the literature indicated that the concept of being 'too young' became associated with childrearing (Pihama, 2011) based on the European settlers

and their newfound notion of 'age', in other words, the age at which they thought a female should consider becoming pregnant.

Having a child that is unplanned at any stage throughout life has the potential to cause added pressure to romantic relationships, whānau structure, financial standing, life plans, and future goals (Ministry for Women, 2018). Within the adolescent years, there is also further uncertainty that increases anxiety levels, such as, continuing with educational attainment, maintaining social circles and developing as a person that is provoked by pregnancy (Allen & Clarke, 2019; Ministry for Women, 2018). Furthermore, throughout adolescent and teen years young people are exploring who they are as an individual, where and how they fit into peer groups, family structures, and they are still developing their understanding and viewpoint of their surrounding world. As one participant mentioned, she was finding herself within a new group of friends and realising who she was as an individual.

Māori teen mothers have an intricate set of needs, that are coupled with a number of life experiences, such as, childhood adversities and a single-parent upbringing that may contribute to a young person becoming a teen parent. The experiences shared by the teen mothers in this study aligns with previous exploration conducted within the field of teen pregnancy and mentoring (McArthur & Barry, 2013; Ministry for Women, 2018).

The participants spoke about their own adversities growing up that may have led them to become teen mothers, for example, one participant shared that she always knew she wanted to have a child in her teen years, and through sharing her pūrākau it was apparent that parenting within one's teenage years was a common theme among her whānau, as she mentioned, her great grandmother had children at the age of 18 and her nana had her Dad at 16 years of age. This is parallel to research by Key Statistics (2003), in which they state both Māori and Pacific women have larger families than their European counterparts, and they also follow early childbearing norms.

Another participant spoke about being in denial at the time she first learned of her pregnancy and she attempted to convince herself that she had been safe in her sexual encounters and she also spoke about her parent's relaxed approach to parenting.

Without any doubt, whānau play an important role in a young person's life, and even though many participants had strained relationships with their whānau, telling them about their pregnancy was an overwhelmingly tough task for many to undertake as research by Ministry for Women (2018) shows, that teenage pregnancy is often met with prejudice and judgment. Each participant had her own thoughts and feelings around how their whānau members would react to the news of the pregnancy. Some participants felt that telling family and friends would be difficult and the news would have many negative reactions, such as, their family might be angry, disappointed and judgmental of the way they had been living and the choices they made to continue with the pregnancy. Many struggled with their own feelings surrounding the unplanned pregnancy. A handful of the teen mothers who participated in the interviews explained that once they found out they were pregnant they had feelings of disappointment, a certain regret about their pregnancy and being in denial about the fact that they were about to become a mother in their adolescent years. This was a common trend for the participants at the offset which eventually subsided as they learnt more about pregnancy and parenting while they were building their support networks. Through sitting down and speaking with these teen mothers, the findings of this research have been identified as generally consistent with previous studies on teen parenting and mentoring (Ware, 2018; Hook et al., 2007; Ministry of Youth Affairs, 2002; Ministry of Youth Development, 2004).

For a teen mother, education around pregnancy and what is expected during the labour and birthing process appears to be of paramount importance to drive confidence and contribute towards calming any anxiety they may be feeling. As previously mentioned by Wepa and Huia (2006), traditionally within Māori society it was considered unusual for a young woman not to have a clear understanding of what to expect with her first pregnancy, given the high level of support and education that was available to her through her whānau, hapū and iwi members. This seemed to change over time with the European settlement and the frowned upon nature of pregnancy and premarital sex, the sexual education for Māori young people and pregnancy also diminished.



## **Parenting experiences**

Parenting as a teen mother is challenging. Parenting a child is a challenging task at any age in life. This is echoed through the experiences of those who were interviewed for this research. A few of the teen mothers found parenting tough because of the tasks required of a solo parent, for example, maintaining educational commitments, navigating perceived social obligations, caring for baby 24/7 and gaining the help they needed in a way that was suitable for them. As previously mentioned, the lack of support, education, and understanding of the teen mother tends to perpetuate their difficulties within parenting. The literature presented previously based on traditional parenting in Aotearoa explains that a child is brought up by whānau, hapū and iwi members. Traditionally, children were raised by the whole village, however with colonization and the subsequent urbanization familial bonds and the natural childcaring systems were set aside (Morehu, 2005; Ware, 2014; Ware et al., 2018). Although many of the participants who were interviewed stated that parenting a baby or young child was difficult, they enjoyed the experience and they learnt a lot about themselves and their capabilities. It helped them build their confidence and self-belief as their child/ren grew and prospered.

## **Stigma associated with teen parenting**

Many teen mothers felt that they were stigmatized and judged by members of their communities and society. This is echoed through the research the Ministry for Women (2018) conducted that detailed the information the Teen mothers revealed who took part in a study as they shared that they were subjected to stereotyping, unwelcome lectures on parenting, and dirty looks as well as verbal abuse. This is consistent with the experiences the participants shared throughout this research.

Even though Teen parenting is not uncommon in Aotearoa New Zealand there is still a lot of negativity directed towards teen parents themselves, this tends to further exacerbate the challenges and worries they may be facing and it can push them further towards negative outcomes.

Further, findings in a study conducted by McArthur and Barry (2013) showed that teen mothers' experience feeling tired, unprepared for what parenting is, and the knowledge about how to care for a young child. This was parallel to

the participants I spoke with in terms of their feelings of being overwhelmed and questioning their parenting abilities. It is further acknowledged that these challenges may be amplified in the situation of that of a younger mother as they are more likely to have to deal with stress, social isolation, as well as parenting alone and feeling restricted by their newfound parenting role (Bogat, et al., 2008; Ministry for Women, 2018) which matched many of the predicaments the participants found themselves facing. The participants expressed they had complications maintaining relationships with their peers as their priorities moved away from going out and spending time with friends to caring for their baby's needs compared to the possible priorities of their peers who currently do not have children.

Previous researchers have noted that those who entered motherhood at an early stage in life were stereotyped as being irresponsible, immature, ignorant and incompetent in terms of raising children (Ministry for Women, 2018; Southorn, 2016). However, I did not observe this through talking with participants. The young mothers who participated in this research spoke about their parenting journey and each acknowledged learning edges they seemed open to in terms of those around them offering advice and support. The participants spoke reflectively about their parenting responsibilities and they were able to identify the strengths they had and how their upbringing had influenced their parenting style and choices. Many of the participants showed maturity beyond their years, many commented about growing up fast and needing to learn how to parent within a short time frame.

Even though the majority of the participants shared that finding out about their pregnancy was a shock, they talked about their children with such admiration and with a willingness to do what they needed to do to the best of their ability in order to care for their children and offer them a bright future.

Many of the younger mothers talked about the effects of this stigma, feeling humiliated and undermined as parents. This aligns with the findings of other researchers. The research findings show that teen mothers often find it difficult to engage with services as they feel judged and as though they are not being listened to, and not being recognized as capable and knowledgeable individuals (Ministry for Women, 2018). These damaging interactions with agency services are detrimental to a young person's predisposition to attain

further support as it has the potential to diminish their mana and willingness to engage, for themselves and also for their child/ren in later life.

### **Teen parenting units**

Over half of the research participants had attended a Teen Parenting Unit throughout their pregnancy and/or parenting. As research has shown, Teen Parenting Units provide a space that encourages educational continuation to pursue positive outcomes for mother and child (Education Review Office, 2018). The participants shared that the TPU they attended offered a safe, inclusive learning environment that provided another layer of support in terms of peers and tutors. A couple of the participants felt more comfortable in a Teen Parenting Unit and they could relate better to their fellow teen mothers who had the same or similar experiences. Individually they were able to achieve their learning goals in terms of defining their future career and employment opportunities. These experiences are parallel to the existing examination of students' encounters within TPU centres. TPU's set a precedent for wrap-around support for teen mother and child, they endeavor to strengthen their holistic wellbeing alongside providing practical hands-on support, such as, on-site childcare, transport to and from school, and personalized educational pathways. As of 2017, there are only 25 centres throughout New Zealand (Education Review Office, 2018).

With the current birth rates of teen mothers sitting at 3,913 for 2018, an increase of available TPU's and improved access will ensure the availability of further wrap-around supports to more teen mothers to assist them to pursue their educational and career goals to help them maximize their potential and help them improve their financial and health outcomes for their child/ren.

### **Teen parents mental health**

As previously mentioned, there is little research available on the effects support networks have on maternal depression in teen mothers' (Hipwell et al., 2016). The stigma attached to becoming a teen parent is surmised to develop several mental health issues for a young mother, and this can have a flow-on effect to her young child/ren. As McArthur and Barry (2013) stated poor mental health or mental health issues experienced by teen mothers' are

brought about due to several mitigating factors, such as, pre-existing or underlying mental health issues, financial stress or hardship, as well as unstable and inadequate housing and relationship difficulties. These factors all contribute to creating barriers for young people who are attempting to access additional or primary support services.

The participants in this research study reaffirmed the previous literature on teen parents and their mental health, sharing that they felt judged at church possibly due to certain religious values, they did not feel comfortable in their own body, they felt isolated, anxious, embarrassed and they felt as though they did not fit in with their peers while they were in school environments. Although there are many mental health services that support and aide teen mothers' access to a variety of services, the response she got was not what she expected, and she said it left a lot to be desired. One participant emphasized reaching out for help through a family doctor as she felt like she needed extra support in caring for her baby and she was experiencing signs of post-partum depression. This led to further organisations and services becoming involved with her parenting skills and rather than helping they questioned her parenting skills. As a result of this, her son was taken in for a physical examination which caused more unnecessary stress and anxiety for this young mother. Her experience reaching out for help and support was unsatisfactory, as she did not feel anyone was listening to her, so ultimately she felt she had been railroaded. Although the participant was able to see that baby's care and best interest was underpinned by the services she was trying to engage with, due to the additional services that were intervening she expressed feeling overwhelmed with too many people making contact with her and asking the same questions over and over again. She lacked the understanding and the family support to circumnavigate this event, and finally it resulted in her pushing away all services so ultimately, she did not find adequate support and the reassurance that she needed. The experience of this participant is echoed in research conducted by Ministry for Women (2018) where studies that were conducted found that young women who attempted to engage with supporting services stated that they experienced undue prejudice along with unwarranted lectures from the wider communities. Based

on the current research, support and access to mental health services for teen mothers' is less than desired, they have difficulties accessing support and often 'regret' reaching out in the first place.

Although there are several mental health services, the stigma associated with teen parenting and mental health in New Zealand prevents young people from reaching out and asking for support if they need it. The findings from the research conducted by McArthur and Barry (2013) and Boulden (2010) show that mental health for teen parents consists of a number of layers many of which include negative experiences with services in the past. The end result is that the teen parents do not know where to reach out for the support that is necessary and available to them, due to the lack of coordination and overwhelming nature of the services and professionals that are attempting to support a young person.

Although the Ministry of Health have published guidelines for developing perinatal and infant mental health services in New Zealand, due to the large body of research, showing that the onset of mental illness for women and young people has shown to be higher around the time of childbirth, there is a requirement to conduct further research regarding how best to support teen mothers to ensure they are gaining supports in ways that are meaningful for them, their whānau and their child.

### **Whānaungatanga and awhinatanga**

Due to the upbringing of the participants and family circumstances, pregnancy at any age was perceived differently. Some of the whānau were more open and accepting of pregnancy while others took more time to come to terms with the approaching arrival of the child. However, from the accounts of the teen mothers' who participated in this study, they were able to identify several key supports which included natural mentors, such as, whānau members, peers, youth coaches, and teachers. The majority of the teen mothers who were interviewed stated that the arrival of their baby brought about revitalized relationships with key whānau members (Allen & Clarke, 2019; Ministry for Women, 2018; Ministry of Education, 2017; Ware et al., 2018).

Having a baby became an unforeseen catalyst to repair fractured and strained whānau relationships, the participants detailed that once they had given birth, whānau, and friends became more active in their lives and that of their newborn pēpi. One participant highlighting that her Dad started coming around more to see baby and began getting involved in caring for the baby and this had a positive influence on the relationship and communication they had. Despite the engagement of the teen mothers with a mentoring service whether it was through stand-alone programmes or informal/formal mentoring relationships, they did not categorize their mentor as one of their key supports. A handful of the participants identified that their informal mentoring relationships were key supports for them, such as, teachers, auntie's, church leaders and their parents. The importance of natural mentoring or tuākana-tēina mentoring as expressed by Hurd and Zimmerman (2014) argued that natural mentors (supportive nonparental relationships may play a critical role in the healthy development of young people, they contribute to overturning the negative perceptions of teen parenting, such as, educational attainment, social connectedness, and similarly, experiences of tuākana-tēina relationships or natural mentoring relationships exhibit ideas found within traditional Māori teachings and within ako, related to the act of learning and teaching for the benefit of the collective (Lee, 2005), such as, support and teaching from a mentor in order to assist in the development and nourishment of a teen mother and her child.

Several participants expressed that they did not feel as though their mentor was there for them and they were not able to build a bond or trusting relationship with their mentor as has been previously stated as a fundamental aspect of a successful mentoring relationship (Suliman-Aidan & Bob Shapell, 2017). Though mentors serve as resources to help teen mothers' overcome barriers, adjust to their newfound parenting responsibilities, offer hope, encouragement, guidance and develop educational and career goals, improving access to such support would be advantageous. Young mothers with strong, trustworthy, loving and open support systems are more resilient and fulfilled with their lives. Although the personal attributes of a mentor differ slightly, depending on the needs of the young person and whānau they are engaging with, the participants shared that the vital attributes of a mentor for

them involved someone who guides you; someone who can put themselves in someone else's shoes and relate to them; someone they can learn from; someone they can trust; who is supportive; someone you know is there for you; someone with an educational mind; and someone who has wisdom and is mentally wise. These attributes align with current studies that have conducted regarding mentors and mentoring programmes (Ministry for Women, 2018; Waller, Brown & Whittle, 1999; Ricks, 2016; Youthline Charitable Trust, 2009; *The Effectiveness of Youth Mentoring Programmes in New Zealand*, 2010). It is acknowledged that on certain occurrences a mentee and mentor may not have suitable personalities that match well enough to enable a cohesive and trusting foundation to form a working mentoring relationship.

A handful of participants highlighted the fact that they were unsure where they could get support, as detailed by the Ministry for Women (2018), young people often find it difficult to navigate agencies and to determine where to access services that will be beneficial for them and meet their needs. This was reiterated by the participants in this research study. Many of the participants stated that they had reached out for services and additional support yet felt as though it added more stress and layers to navigate to an already difficult and challenging situation.

### **Goals moving forward**

Although the participants found the areas of pregnancy and parenting complicated, they also identified their pregnancy as a beneficial event as it brought their whānau closer together, it helped them highlight their future goals and aspirations, they explained that becoming a teen mother helped them mould a new identity, one of newfound strength and resilience in being a 'good mother' (Ricks, 2016). One of the participants voiced that although she had initially considered aborting her pregnancy her son is now her best friend and she would not be able to imagine life without him. They have been able to learn, grow and develop with one another. Each participant has in their own way demonstrated resilience and a can-do attitude to overcome the perceived failure of becoming a mother at a young age. Initially many people feel that becoming pregnant at a young age and becoming a single mother it will have

an impact on your future decisions and the paths you take (Ministry for Women, 2018; Woodward, 2001; Fergusson, 1999), nevertheless, these young women have been able to show that although they had children at a young age they have been able to continue with their education, maintain a social life and become positive contributing members of society.

One participant articulated her own goals moving forward for her family and baby, despite having a child at a young age they have been able to put supports in place and work towards their goals. This highlights the necessity for supports of mentors and whānau members as mentioned in the research by Hamilton and Hamilton (1990) where the functions of mentoring have been explained as becoming familiar with one another and developing trust; enhancing the personal and professional goals of the mentee; helping to build the mentee's self-confidence and focusing on beliefs and values; and helping the mentee plan by providing instruction related to academic and personal skills.

They have been able to identify their goals and they are aware of the steps they need to take in order to achieve their desired outcomes. Goals, such as, working within the field of forensic science, being the best mother she can be in providing for her children, for them to not want for anything and always have the essentials, such as, food on the table and a roof over their heads, starting her own foundation to support those living with mental health issues and founding an independent school, one young mother has goals to travel and become financially independent, this shows the determination and drive that these teen mothers hold that is reinforced by the research conducted by the Ministry for Women (2018). This highlights the fact that teen mothers often find that having a child brings about a positive change for themselves and their whānau . Furthermore, this notion is reinforced by research that indicates mentoring offers an opportunity to build positive connections with others, set and achieve goals and develop as a young person and a mother (Youthline Charitable Trust, 2009; Families Commission, 2011; McArthur & Barry 2013).



## **Implications for practice**

Mentoring is an essential early intervention tool to support and encourage the young person who they are engaging with, whether within a group mentoring setting or via one on one mentoring. The present research study has important implications for intervention for Māori Teen mothers' mentoring that could offer holistic wrap-around support. Through my personal experience of working with Teen mothers, I feel as though the act of mentoring and having supportive individuals is vital to their overall educational goals and to the progress and future outcomes of the mother and child. Mentoring a teen mother helps cultivate confidence, independence, and gives her strength to propel her and her child into a brighter future (Waller et al., 1999) and disproves the societal negative assumptions associated with 'what a teen mother is or should be' as mentioned in the research conducted by Boulden (2010). Mentoring is support that could break the intergenerational cycle of poor educational attainment, welfare dependency, early pregnancy, and mental health disparities. This research study has highlighted previous literature that agrees with the idea that mentoring for teen mothers is a low cost, effective early intervention tool so that more funding should be concentrated into it (Youthline Charitable Trust, 2009; Hook, Waaka & Raumati, 2007). Along with implementing guidelines and adequate training for volunteer mentors, mentoring has the power to offer emotional, mental and practical support for a young mother thus limiting further negative repercussions for the young mother, whānau and her child/ren. Mentoring has also proven to allow for the minimization of the stigma that is often held towards teen mothers' and their children and allow for further nurturing and empathy within the communities (Youthline Charitable Trust, 2009).

Mentoring has the opportunity to open up more community support for teen mothers' and counter the isolation that many feel (Hook et al., 2007; Ministry for Women, 2018) whether they are as a wāhine, mother and member of society, to set concrete goals to work towards, long-lasting, positive supportive relationships that give support in a form that is helpful and suited for that young person and her child.

## **Future research**

This research study set out to explore the experiences of Māori teen mothers as they are engaging with mentoring services. The field and definition of mentoring is vast and is undertaken in many forms. As noted by Hook et al. (2007), the kind of mentoring and the approaches of mentoring vary significantly according to the level, age, and experience of the mentee therefore more knowledge and investigation to more carefully define mentoring in relation to teen mothers will be beneficial. A longitudinal study coupled with a wider participant pool will offer a deeper and more generalized understanding of the effects and outcomes of mentoring for a teen mother and her child.

Research involving Teen Fathers will also be of interest in this area as the support offered to mothers and fathers differs substantially in the way service options are presented and implemented. In terms of the current research regarding mentoring teen fathers, there is a gap in the literature, in the sense that the abundance of the literature focuses on teen mothers with the impression that fathers often have a more hands-off role within parenting. The input of both mother and father have proven to be essential to a developing child as outlined by Mikaere (1994) since the upbringing of a child is contributed to by their mother, father and wider whānau, stating that within the traditional Māori society both parents have had input that is crucial in terms of their child's upbringing, nurturing and learning. This emphasizes the importance of research related to mentoring teen fathers to ensure both mother and father are supported and enabled to develop and grow to contribute to a healthy, nourished and well-loved child, whānau and society.

## **Conclusion**

In conclusion, this discussion chapter has considered the key findings from the shared experiences of teen mothers who took part in this research along with the literature previously mentioned. This chapter has provided insight into the feelings and struggles teen mothers experienced in relation to their early and unexpected pregnancy along with the challenges they encountered throughout their parenting responsibilities. This chapter has highlighted the constant stigma that has plagued our teen mothers, and it also reiterates and aligns

with the current literature regarding the sentiments of the teen mothers within our community that they have stated based on their own experiences.

Overall, better organized and more coordinated support for teen mothers from the time of conception through to parenting is needed. The majority of teen mothers who participated in this research said they would have benefited from support except they were not sure where to go to find it or who to get in touch with to access the services that are available. Their inability to engage with services could be linked to worry, a lack of confidence and fear of judgment from others, based on the stigma associated with parenting at a young age along with their own perception of themselves and the situation.

## **Chapter Six: Conclusion**

*He iti mokoroa nana te kahikatea I kakati*  
*Even the small can make a big impact on the big*

### **Introduction**

Mentoring as an early intervention tool and an ongoing resource of support for Māori teen mothers, their child/ren and whānau is significantly beneficial. Mentoring relationships represent a low-cost effective approach that offers a key relationship of care and dependence for a teen mother. The concepts of mentoring, including those in traditional Māori culture and society, such as, tuākana-tēina and awhinatanga relationships are supportive and nurturing of Māori teen mothers and their child/ren. These relationships offer empathy, direction, practical advice, and someone to talk with and to confide in. They enable the foundations that enable and empower a teen mother to engage in additional primary services while setting out and achieving the young mothers' desired outcomes in education, employment, financial stability, relationships and more in relation to herself her child/ren, whānau, and wider community. Since the literature in Aotearoa New Zealand that focuses on teen mothers' engagement and participation in mentoring programmes is very limited, likewise, for Māori teen mothers, and the outcomes associated, the aim of research aims has been to address the gap in the literature on the topic.

The purpose of this research has been to explore the experiences Māori teen mothers have regarding mentoring. This chapter summarises this thesis, it reiterates the research aim along with the key findings, in relation to pregnancy, parenting as well as mentoring experiences, based on the interviews with six Māori teen mothers. These mothers shared their pūrākau via face to face interviews. This chapter will also explore my personal reflection as it relates to the research and study process, my learnings, and experiences throughout this research. The implications for the social work profession will be examined. Next the limitations of this study are highlighted. Following this, suggestions for future research in this field of practice are acknowledged. Lastly, recommendations as a result of this research are shared.

## **Summary of research aims**

This research project set out to explore the experiences of Māori teen mothers in relation to mentoring. The five research aims of this study include the following:

1. To explore the experiences of Māori teen mothers in community-based mentoring relationships
2. To understand the impacts of the mentoring relationship for teen mothers' overall economic, educational, and social outcomes
3. To inform mentoring programme objectives in relation to the Social Work field through the voices of Māori teen mothers
4. To contribute to literature relating to Teen Parent Mentoring in New Zealand
5. To gain an understanding of community-based mentoring for teen mothers' as an early intervention tool

## **Key findings**

A number of findings have been highlighted throughout this thesis, many of which align with the previous research that has been conducted in this field. It is evident through this research that Māori teen mothers have differing definitions of what a mentor is as well as the role the mentor has in their lives. This is an important finding as it outlines gaps in the current research that has been conducted and identifies how mentoring structures and programmes in Aotearoa can be further enhanced to support our Māori teen mothers and their whānau. This finding demonstrates that although mentoring has been present within the business sector, educational sector and social work sector for many years the importance of mentoring has not fully been recognised and channelled to support our Māori young people.

This is similar to the findings based on a review of the previous literature and research studies. In parallel to the previous literature written about mentoring in Aotearoa New Zealand many of the participants acknowledged they hoped to be mentored by a supportive mentor, someone they could rely on, someone who had knowledge and wisdom that could be offered to them in their situation and finally a mentor who has empathy and compassion.

All of the participants shared that they were engaged in a mentoring relationship and they found the support of a mentor valuable in one way or another throughout their pregnancy and parenting experiences. Mentoring as a tool has been advantageous for the participants as they reported that they had someone to talk to, someone who could guide them, share practical skills with them, and someone who they could learn from. It is noted that mentoring is a low cost effective tool to support young people, it allows them further community engagement and interaction, whilst allowing a mentor the opportunity to impart knowledge, wisdom, kindness and caring about others. As a mentoring relationship enters into a tuākana-tēina or ako realm, it allows both mentee and mentor to be able to learn from one another. It allows the mentees to own their engagement in the relationship and learn from the support they receive from their mentor who is often older in age. The mentors' benefit because they can see the progress the mentees are able to make and often learn new things about themselves along with the communities they live in. Additionally, a mentee can allow their mentor a fresh perspective or insight into situations and new experiences.

Another key finding focused on the fact that Māori teen mothers and their whānau are trying to seek support yet are often at a loss about where to gain the right supports that will be of real help. Although there are numerous youth services that are available to offer guidance for teen mothers, a number of mothers find that locating and approaching these services is difficult due to a number of factors. For example, locality, transport, confidence, and service engagement criteria. Further resourcing relating to services that offer early intervention supports to teen mothers, to reach out and engage with mothers and their whānau, will prove advantageous as it would minimise anxiety, confusion and potential long term effects on mother and child.

Even though there is research and literature about teen parenting in Aotearoa New Zealand that exists, there remains a continued stigma surrounding Teen Parenting. This stigma results in the judgement and negative interactions by certain people in the teen mothers' communities as well as by those in the

wider society, in general. Consequently, it further exacerbates the experiences of mental health, which remains a prevalent issue for Māori teen mothers. Many participants experienced anxiety, differing levels of depression, as well as social isolation which led to thoughts of self-harm and risky behaviour, such as, drinking and drug-taking, as an outlet for these formidable emotions they faced.

However, despite the many challenges and hurdles the young mothers faced, who participated in this research, I have also heard the resilience they hold through the sharing of their pūrākau. The fact that even though many experienced judgements within their communities, they still found the strength to meet with me and share their stories, their pūrākau, and that of their children. They have been able to overcome the looks of disapproval and judgement and they have maintained their mana, kept their goals in mind, granted they had to make amendments to their goals and take steps towards achieving them. Nevertheless, in spite of it all, they have held onto their goals and they have continued to work towards accomplishing them. These strong wāhine emulate the strengths of those within Māori history and the cosmology that is part of their heritage that is encapsulated and mirrored through their actions and commitment to achieve positive outcomes.

### **Personal journey**

The journey of undertaking and completing a master's thesis has been one that has challenged me immensely. I came into this journey blissfully unaware of the time, effort and sacrifices that would be involved. In the process of working fulltime, and studying part-time, along with family commitments, I have developed a much greater appreciation for academics and researchers alike.

In addition, due to my own limited knowledge of Te Ao Māori, this has added to the stress and my own feeling of loss as it relates to my identity and culture, consequently, it has lit a fire in me to further explore my history and culture, who am I, where I come from, where I belong, and so forth, as I sometimes felt out of my depth in understanding and grasping the concepts in a number of aspects in this research. The first challenge involved interviewing the young teen Māori mothers since I was not totally immersed in the Māori culture, since

I had somewhat limited knowledge and insight into what it really meant to 'be Māori'. Fortunately, this journey within Te Ao Māori, albeit brief in the grand scheme of development and understanding, has generated my desire to dive into building a knowledge base to learn more about who I am, and where my ancestors came from, so I have tikanga, kawa and I also decided to learn te reo Māori. I will cherish learning about the treasures of Te Reo and I will be able to share the knowledge and pass it down to my own children someday.

The second challenge had to do with interviewing the teen mothers and not being able to relate to them, since I do not have children of my own yet. Conducting this research has cultivated a greater appreciation on my part not only for teen mothers, for mothers, in general. Even though I do not have children, I have grown to understand more in-depth what our teen mothers' experience within society. It has been a privilege and an honour that the mothers who participated opened up and gifted me with their pūrākau.

Upon reflecting on this research process, if given the opportunity to undertake this research again, I would endeavour to purposefully define what a mentor is in relation to teen mothers early on in the process. I feel this would support the validity of this research by ensuring that the participants hold a common understanding of mentoring and its purpose. Additionally, gaining participants from a wider demographic, such as, age and locality. In terms of further research, sourcing participants who reside in different regions throughout Aotearoa New Zealand could offer more robust insights into mentoring. This can be achieved by gaining an understanding of the unique factors that are found within these areas, such as, the effects of the community environment, the differences in services available and the accessibility of the supports that are available. Further research will provide more findings that relate to the field of mentoring and its effectiveness for Māori whānau. Hearing purakau from those older in age, mothers in their twenties or over who had children in their teen years, could possibly provide more reflective input related to this research as they would be able to reflect on decisions they made and the effect of the influence of their mentoring relationships. Based on this it will provide more information in terms of conclusions in term of assessing how their mentoring



relationship directly affected their projected outcomes for themselves and their child/ren and how it made them feel. This is an important aspect as many participants were still engaged in their mentoring relationship, so the intended outcomes may not have been achieved, to see the possible ramifications of the mentoring relationship or intervention. Therefore, it would alternatively be beneficial to follow up with the current participants once the mentor relationship has gone full circle.

### **Implications for the social work profession**

A social worker can often take on the impromptu role of a mentor for a young person. There are aspects of mentoring that are held within the social work profession, such as, building rapport with a young person, helping them identify and achieve their goals, linking them in with key supports and services within their community while helping them build their confidence and self-efficiency for themselves and their tamariki.

Further the identification of mentoring through seeking out tuākana-tēina, as natural mentors will be advantageous in terms of enhancing the concepts of ako within a teen mothers' life. These relationships build robust connections with whānau and help to maintain the collective attitude in caring for a child/ren. This is since based on a review of research it has shown teen mothers are more inclined to seek out whānau members for support.

Offering support and advice for the whānau of teen mothers to ensure the young mothers are better equipped during their pregnancy and parenting journey will be beneficial. This is because having a mentor to work alongside them and their whānau if needed, will provide the young person with all-encompassing support system where the young person is educated and supported in becoming confident of her parenting abilities. It will help the young mothers just knowing they can reach out for support if they need it. Additionally, if the mentor is culturally aware of traditional Māori labour and birthing techniques and how this is able to take place within a westernised society will offer the chance to take ownership of labour and the birthing process to the young mother and her whānau if they so choose.

With respect to the different structures that mentoring programmes take on, they all involve face to face engagement, for example, traditional mentoring, one adult to one young person, peer mentoring where young people mentor other young people, group mentoring where one adult acts as a mentor to a group of four to five young people, and lastly team mentoring where several adults work with a small group of young people. The utilization of more group mentoring and team mentoring as an option of engagement for young mothers will allow for a more collective approach, as was present in traditional Māori society, thus permitting young people to share experiences, pūrākau whilst taking an active role in planning and modelling the mentoring relationship to carry on a sense of ownership and promote additional commitment on the part of the mentee. Collective mentoring structures that embrace the concepts of tikanga and kawa within a Māori framework, that include but are not limited to whakapapa, whānaungatanga, te reo, tautokotanga, manaakitanga, rangatiratanga, manakitanga, utu, Kōtahitanga, wairuatanga, kaitiakitanga to move away from a Westernised framework. Incorporating a Māori framework further into mentoring programmes will allow a young person to work towards goals of independence and self-development whilst contributing to the growth and advancement of a group as well as that of her whānau.

### **Limitations**

This research study set out to explore the experiences of Māori teen mothers while they are engaging with mentoring services. The definition of mentoring is very broad, and it means different things to different services providers and organisations. Each mentoring group has its own distinct criteria and intended outcomes. In addition, the concept of mentoring is defined differently by each mentor and mentee, according to their past experiences. This was evident in the face to face interviews. The participants defined mentors differently and who they saw as their mentors along with their core role within their lives. This variance can be minimised through sourcing all participants from a central mentoring programme to ensure that all mentors have a similar background in regard to programme structure, intentions and the roles they carried out.

This research was conducted through a pūrākau approach because of the small group of teen mothers who participated in the cohort sample. Even though it is not likely that the replication of this study would lead to identical results, similar key factors may be drawn as a result of the common discourses that comprise the experiences of teen mothers and their child or children. This is due to the small sample size of the research and the particular voices of the young people as they shared their stories in an in-depth manner in their interviews. Accordingly, all young people's experiences and journeys remain uniquely their own.

Another limitation found in this research is the small sample size, thus meaning it cannot be generalised to a broader population. Ensuring that participants are sourced from a wider geographic, such as, age, locality and supports currently engaged that are available throughout New Zealand will solidify these findings and provide a wider knowledge base.

Also, to further strengthen this study, an inquiry into mentoring services currently offered to teen mothers while encompassing perspectives and experiences of whānau could be valuable to offer a more in-depth understanding of the impacts on the wider whānau and community structure.

### **Future research**

A longitudinal study necessitating a wider range of participant demographics will offer a richer and more comprehensive understanding of mentoring and the impacts it has for Māori teen mothers', their whānau and for members of the wider community. This will enable more conclusive conclusions to be drawn as to the impacts and experiences of mentoring.

Within this field of research, a clearer definition of mentoring and what it is and the way it fits within the practice of social work, could be ideal, as it will allow a more conducive and focused exploration of the experiences and outcomes for teen mothers and their child/ren and will allow teen mothers to be able to engage more fully into the process. This will allow sharper expectations to be drawn by mentees acknowledging their needs and desires for the service and their engagement wholly.

Research around teen fathers' and their experiences of mentoring and the services available within their communities could also be of interest in this area. This is, as it has been noted, the support offered to mothers and fathers differs substantially in terms of accessibility, implementation, along with projected and desired outcomes. The current research based on teen father mentoring is sparse in the sense that the abundance of international literature on the topic focuses on teen mothers which gives the grim impression that fathers often have a more hands-off role within their parenting role.

Having a mother and father engaged in positive mentoring relationships whether through tuākana-tēina, natural mentoring or youth development programmes will contribute to the quality development, growth, and stability of their child/ren. Further exploration of the way this could be implemented into social work practice and what it would be like for a young whānau would further enhance the services that the young person is working alongside.

### **Benefits and advantages of this research**

This research holds a number of benefits for Social Work practice and the future of teen parenting in Aotearoa. This thesis has set the foundation for mentoring expectations and experiences of Māori teen mothers here in Aotearoa. It has demonstrated the gaps with respect to practice in terms of programme planning and delivery.

This research challenges the stereotypes of Māori teen mothers, it shows teen mothers in a positive light that acknowledges and emphasizes their triumphs and achievements within their own lives and those of their child/ren. Although there is a body of research conducted on teen mothers, their adversities, and projected outcomes there remains a certain stigma targeted towards teen mothers and this continuously has an effect on them in terms of their goals, and their day to day lives and it has a trickle-down effect on their children and the future outcomes of their child/ren.

By becoming well rounded young people, contributing members of society, caring for their children, maintaining productive lives, and by continuing their

education, teen mothers have been able to prove that these stereotypes are inaccurate.

The importance of Teen Parenting Units has been brought to the forefront through this research as teen mothers expressed they found TPU's were a safe haven, that offered an environment for them to continue with their education and also a sense of comfort for them to share their experiences, thoughts and questions with other young women they could relate to who were either pregnant or were parenting. They had a level of acceptance and comradery with their fellow peers and they did not feel judged.

Through this research it has given Māori teen mothers a space to share their pūrākau in terms of their challenges, triumphs, their thoughts on the topic of teen parenting and mentoring coupled with taking back ownership of their journey and experiences while empowering other young mothers to share. This research addresses and brings forth further awareness of the ongoing challenges and stigma experienced by teen mothers and their child/ren within their communities and modern-day society. This was achieved by the participants voicing their experiences, highlighting the resilience and determination they hold for themselves and the positive future outcomes they envision for their children and whānau members. Throughout this research the participants have shared their first-hand experiences regarding specific instances wherein they felt judged and were treated differently because they were a pregnant teen and how they were able to overcome these situations and move forward with their goals or redefine new goals for themselves.

Finally, the acknowledgement and understanding that the standing of women within Te Ao Māori is of the utmost importance as they carry on the whakapapa of a people through birth regardless of their age. Current modern-day Māori wāhine hold strengths that are similar to that of our tīpuna, traits of our leaders, and our natural carers. Traditionally the conception of a child was celebrated by whānau, hapū and iwi as it symbolised the continuation of our people, this is a sentiment that out to carry on and continue today. Those teen mothers who participated in this research and the other teen mothers alike along with

their children are the leaders of tomorrow. They will be the driving forces of future generations for Te Ao Māori.

### **Recommendations**

Māori Teen mothers often find it difficult to reach out for the support and assistance they need as a result of the uncertainty they have in terms of where to gain the appropriate supports from within their community. Throughout this research a continuing theme that emerged, one that the participants expressed, is that engaging with services brought about a complexity of issues around service providers, and they were often not sure which of the services that were offered would meet their needs in a manner that related to their situation, that of a teen mother, their whānau and child/ren. Further utilizing practitioners to act as a key contact for a young person will help alleviate the overwhelming feeling and confusion a young person may experience as they engage with services. This will enable a strengthened bond to be built between a practitioner and a young person and allow for a young person to engage with additional services in a manner where they are safeguarded and where they have someone they can trust and count on who is trained and qualified.

Although there is more knowledge and understanding around teen parenting in society, there continues to remain a certain negative stigma and judgement towards teen mothers' and their child or children. Mothers feel isolated and judged by members of their communities, those members who should be supporting them and their decision to continue with the pregnancy and lifting them up to ensure positive outcomes for both the teen mother and her child/ren. This research has shown that given the opportunity and support they need, teen mothers are able to prosper and excel in their lives. Many have shown maturity beyond their years by being able to parent, continue with their education and live fulfilling and happy lives. By eliminating the stigma and stereotyping of young mothers it will ensure there are supports in place so a teen mother can succeed to her full potential for herself and raise a well-rounded and confident child. Having a young mother who feel appreciated and welcome by her community and wider society has the potential to build her up further and minimise later life adversities.

Mentoring is an intervention tool that can offer encouragement and care for a young person. If the mentoring peer has been effectively selected, mentoring provides a trusting adult who is able to offer advice, direction and an alternative perspective and networking opportunities for a young mother and her child/ren. Finding a suitable mentor for a young person enables her or him to form a strong trusting relationship which offers a stable grounding and a basis from which to work towards achieving a positive desired outcome for them and for their child/ren.

This research has highlighted themes consistent with the previous literature along with the need for continued research into mentoring support services for teen mothers and for teen fathers alike. A mentoring programme for teen mothers running concurrently alongside mentoring for teen fathers will provide them with a stronger foundation that will help them in the development of their whānau and the goals they share in common and will help them to achieve positive end results for tamariki. An alternative is offering mentoring programmes that work with mother and father via a whānau to whānau mentoring service will allow solidarity around the programme.

Further research into this field will ensure service development and implementation for young people in need of further guidance and support allowing our future generation the best parents and start to life. Additionally, this research has revealed areas that require further development in terms of ensuring that programmes are set up with young people in mind, offering mother and whānau more of a say around programme structures and intended outcomes. If teen mothers are involved in the creation of the mentoring services on offer it will enable them to take greater ownership around the mentoring relationship and what it will look like, whilst ensuring services offered are more suitable for young people and takes into consideration that mentoring is a two way relationship.

To further support teen mothers and their child/ren ensuring that tikanga and kawa is built in the foundation of mentoring programmes will be beneficial,

mentors and community groups engaging with Māori young people, guaranteeing that mentors involved with Māori young people have an understanding of tikanga and kawa along with the effects of colonisation for whānau Māori, plus the effects for young people today, will facilitate and support the healing of possible trauma, the stigma experienced by the teen mother and her whānau and this will help to ensure positive future outcomes and also creating a sense of belonging for young people, the ability to learn about their cultural roots and a whole raft of other beneficial results.

Furthermore, regarding our values and connections to our culture, drawn from our traditional Māori lifestyle in terms of the collective styles of mentoring, that link to tīpuna and their ways of learning, along with caring and engagement to bolster relationships and offer supports for teen mothers for her child/ren and whānau members will also help to ensure positive future outcomes for one and all. Linking a young person further into whakapapa links, such as, recognizing hapū and iwi members as mentors to the young people will be of value.

Ensuring mentors are fully trained and qualified in terms of their cultural awareness, tikanga, kawa and youth development strategies whilst they are supporting a young mother and her pēpi, will ensure they are imbued with the passion to walk alongside a young person and her whānau.

*Titiro whakamuri, kokiri whakamua:  
Look back and reflect so you can move forward.*



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## Appendix One: Massey University ethics approval letter



Date: 30 August 2018

Dear Jasmin Albert

Re: Ethics Notification - **NOR 18/41 - Maori Teen Mothers: Experiences of Mentoring**

Thank you for the above application that was considered by the Massey University Human Ethics Committee: **Human Ethics Northern Committee** at their meeting held on **Thursday, 30 August, 2018**.  
On behalf of the Committee I am pleased to advise you that the ethics of your application are approved.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Associate Professor Tracy Riley, Dean Research  
Acting Director (Research Ethics)

**Research Ethics Office, Research and Enterprise**

Massey University, Private Bag 11 222, Palmerston North, 4442, New Zealand **T** 06 350 5573; 06 350 5575 **F** 06 355 7973  
**E** [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz) **W** <http://humanethics.massey.ac.nz>



## Appendix Two: Information letter (Organisation)



MASSEY UNIVERSITY

COLLEGE OF HEALTH  
TE KURA HAUORA TANGATA

### **Māori Teen mothers: Experiences of Mentoring** ***Information Letter - Organisations***

Kia Ora,

My name is Jasmin Albert. I am a student at Massey University currently completing a master's in social work. I have completed my undergraduate degree Bachelor Social Practice (majoring in Community Development) at Unitec in 2014. Throughout my career I have predominantly worked with young people in various roles. At present I am working at Turuki Health Care in Mangere as a Teen Parenting Social Worker.

I am very interested in gaining a deeper understanding of experiences of Māori teen parents engaging in mentoring services, this will be the basis of my thesis studies. I would like to investigate the implications of mentoring relationships as a social intervention to support Teen mothers.

I am aware that your organisation does one to one and family to family mentoring for teen mums and their partners. I would love to meet with you to talk about the possibility of having young mums engaged in your service take part in this research.

I have attached participant information sheets and consent forms for you to have a look over. I look forward to hearing from you.

Jasmin Albert

#### **Shirley Jülich**

*(Primary Research Supervisor)*

Phone: (09) 414 0800 ext 43359

Email: [s.j.Julich@massey.ac.nz](mailto:s.j.Julich@massey.ac.nz)

#### **Paulé Ruwhiu**

*(Secondary Research Supervisor)*

Phone: (09) 414 0800 ext 43358

Email: [p.ruwhiu@massey.ac.nz](mailto:p.ruwhiu@massey.ac.nz)

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 18/41. If you have any concerns about the conduct of this research, please contact Associate Professor Ajmol Ali (Acting Chair), Massey University Human Ethics Committee: Northern, email [humanethicsnorth@massey.ac.nz](mailto:humanethicsnorth@massey.ac.nz)

## Appendix Two: Information sheet (Participants)



MASSEY UNIVERSITY  
COLLEGE OF HEALTH  
TE KURA HAUORA TANGATA

### **Māori Teen mothers: Experiences of Mentoring** **Information Sheet**

Kō Puerua te maunga  
Kō Matatua te waka  
Ko Owhareiti te roto  
Kō Waitangi te awa  
Kō Ngā Puhi te iwi  
Kō Ngāti Kawa te hapū  
Kō Jasmin Albert taku ingoa.

I am a student at Massey University currently completing a master's in social work. For the past four years I have worked with young people in various roles such as Youth Work, Programme Facilitation and Social Work. Currently I am working at Turuki Health Care in Mangere as a Teen Parenting Social Worker.

As part of my Master's thesis I am doing a research project to understand mentoring experiences of Māori Teen mothers aged 16-19 years old and have recently been part of a mentoring programme. I would like to invite you to participate in this research to share your thoughts and experiences of mentoring.

Before you agree or decline to take part in this research please read this information sheet.

#### **Purpose of Study**

- To gain an understanding of Māori teen mums experiences of mentoring.

#### **Description of the Study Procedures**

If you agree to be in this study, you will be asked to do the following:

- Participate in an interview which would take approximately 1-1.5 hours at a time and place that suits you.
- Following the conversation, I will type out the information, send this to you via email and ask you to read it over and make any changes – this will take roughly 30 minutes to an hour.

#### **Discomforts of Being in this Study**

- Questions that will be asked during the interview will be about your experiences of childhood, pregnancy, motherhood and your mentoring relationship. This may bring up challenges and difficult past experiences you have faced or are currently facing (there are counselling and support services available throughout and at the completion of interviews).

#### **Benefits of Being in the Study**

- By taking part in this research you have the opportunity to tell your story and speak of your journey of parenting. You will be heard and have your experiences of

mentoring listened to. This research will contribute to the current literature available about Māori Teen Parent Mentoring.

#### **Childcare**

- Please arrange appropriate childcare for your tamariki with whānau or friends for the duration of the interview. However, if this is not possible bring them along to the interview, you are welcome to bring a caregiver for your child. Please let me know in advance so activities and snacks can be provided.

#### **Appreciation of your contribution**

- As a token of appreciation for taking part in this research you will receive a gift voucher to the value of \$50.

#### **Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you.
- You have the right to not answer all questions.
- You have the right to stop the interview at any time.
- You have the right to change your mind about being part of this research up until the data analysis has been completed (30<sup>th</sup> November 2018).

#### **Right to Ask Questions and Report Concerns**

- I encourage you to ask questions about this research, so I know you have understood everything that has been explained to you. Feel free to contact me, **Jasmin Albert** at [teenparentingresearch@gmail.com](mailto:teenparentingresearch@gmail.com) or by telephone at [REDACTED].

Or you can contact:

#### **Dr Shirley Jülich**

*(Primary Research supervisor)*

Phone: (09) 414 0800 ext 43359

Email: [s.j.julich@massey.ac.nz](mailto:s.j.julich@massey.ac.nz)

#### **Paulé Ruwhiu**

*(Secondary Research supervisor)*

Phone: (09) 414 0800 ext 43358

Email: [p.ruwhiu@massey.ac.nz](mailto:p.ruwhiu@massey.ac.nz)

#### **Confidentiality**

- This research will not be collecting or keeping any information about your identity.
- All paper forms and information will be kept in a locked cupboard, all electronic information will be in a password protected file on a password protected laptop.
- There will not be any information in completed materials that will make it possible to identify you.
- If there is anything shared that causes any concerns of harm to you or your child, the appropriate referrals and service will be told – with your knowledge.

On completion of the project all data will be deleted from my computer and transferred to digital media. This will be stored at Massey in a locked place together with the consent forms and destroyed after 6 years.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 18/41. If you have any concerns about the conduct of this research, please contact Associate Professor Ajmol Ali (Acting Chair), Massey University Human Ethics Committee: Northern, email [humanethicsnorth@massey.ac.nz](mailto:humanethicsnorth@massey.ac.nz)

## Appendix Three: Participant consent form



### **Māori Teen mothers: Experiences of Mentoring**

#### **PARTICIPANT CONSENT FORM**

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I agree to participate in this study under the conditions set out in the Information Sheet.

**Signature:**

**Date:**

**Full Name - printed**

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 18/41. If you have any concerns about the conduct of this research, please contact Associate Professor Ajmol Ali (Acting Chair), Massey University Human Ethics Committee: Northern, email [humanethicsnorth@massey.ac.nz](mailto:humanethicsnorth@massey.ac.nz)

## Appendix Four: Release of transcript authority



MASSEY UNIVERSITY  
COLLEGE OF HEALTH  
TE KURA HAUORA TANGATA

### **Māori Teen mothers: Experiences of Mentoring**

#### **AUTHORITY FOR THE RELEASE OF TRANSCRIPTS**

I understand that my interview transcript will be sent to me through my provided email address. I understand that I have one week to make any changes to the interview transcript and return this.

I agree that the edited transcript and pieces from this may be used in reports and publications arising from the research.

**Signature:**

**Date:**

**Full Name - printed**

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 18/41. If you have any concerns about the conduct of this research, please contact Associate Professor Ajmol Ali (Acting Chair), Massey University Human Ethics Committee: Northern, email [humanethicsnorth@massey.ac.nz](mailto:humanethicsnorth@massey.ac.nz)

## Appendix Five: Interview schedule



MASSEY UNIVERSITY  
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TE KURA HAUORA TANGATA

### **Interview Prompt**

Whānaungatanga

- Kia Ora,
- Where are you from?
- Who are your supports?

1. How old are you?
2. How old were you when you had your first child?

### **Parenting Journey**

#### **Indicative Questions to prompt the participant sharing her story**

3. Can you give a brief description of what your life was like before you became pregnant?
  - Family structure (where you lived), dynamics (who you lived with), education, social circle, religious beliefs
4. How did these changes when you became pregnant and throughout your parenting journey?
5. What was your support system like through your pregnancy?
6. In your opinion, what are the challenges facing young mums in achieving their goals
  - Education, career goals, short term and long-term goals
  - What helped you achieve goals you had for you and baby?

### **Mentoring experience**

#### **Indicative questions to prompt the participant sharing her story**

7. Have you had a mentor before starting this programme?
  - What was that like for you?
8. How have you found having a mentor?
  - Has it benefited you? In what ways

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 18/41. If you have any concerns about the conduct of this research, please contact Associate Professor Ajmol Ali (Acting Chair), Massey University Human Ethics Committee: Northern, email [humanethicsnorth@massey.ac.nz](mailto:humanethicsnorth@massey.ac.nz)

**Interview Prompt**

9. Tell me a bit about your mentoring relationship
10. How has mentoring helped you through/overcome these challenges? (Give examples from participant's previous answers in Q.6)

**Prompting starters**

When you say... what do you mean by that?

Can you tell me a little more about...?

Can you explain that a bit more for me?

How did that make you feel?

What did that look like for you?

